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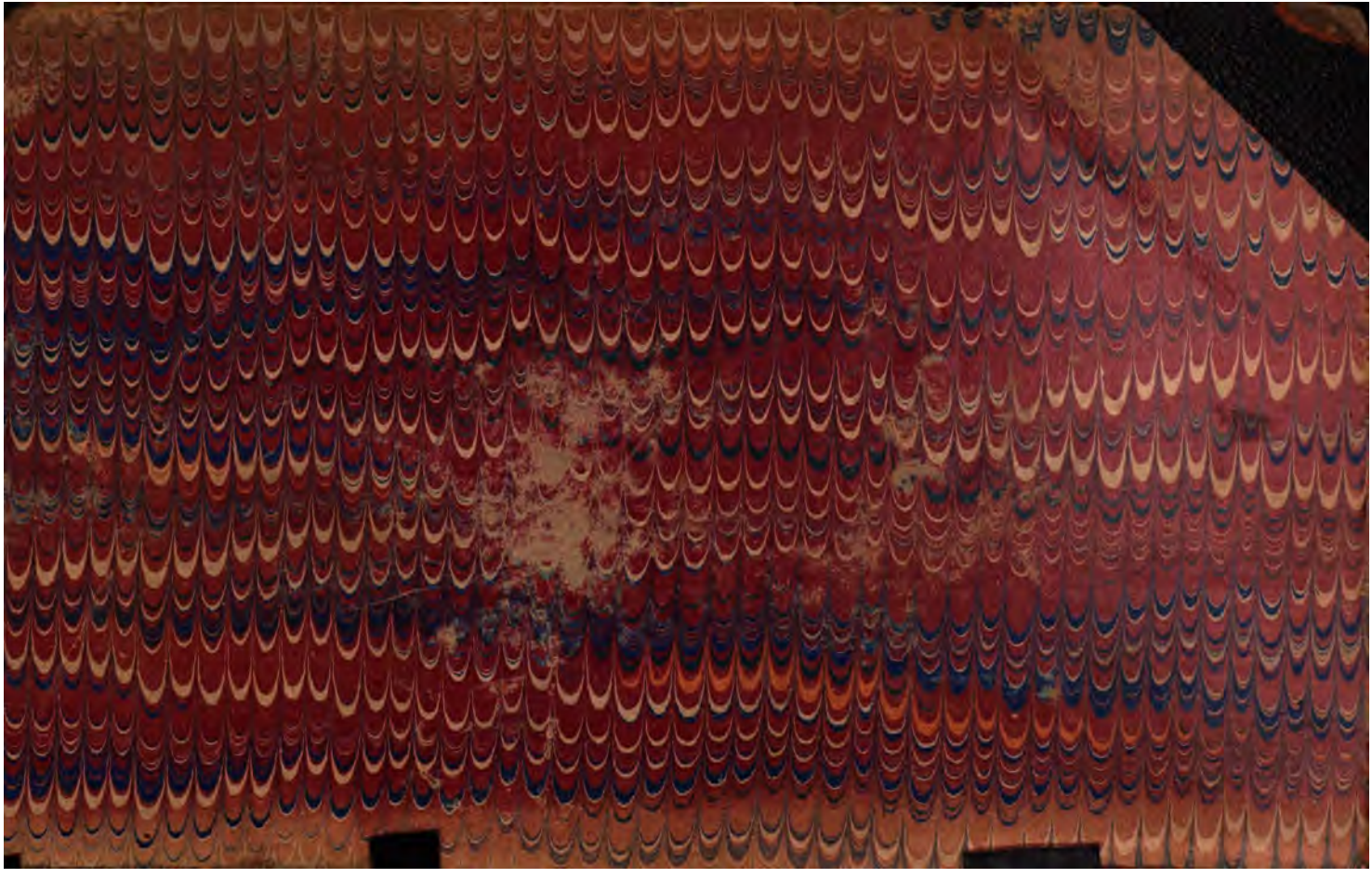

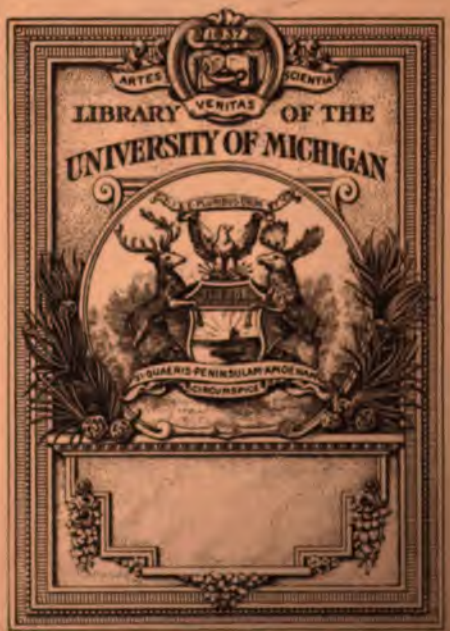
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IMUNICATIONS

THE

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SIONS OF THE SOCIETY.

III.

OLUME IV.

IETY.

27265

MEDICAL COMMUNICATIONS

OF THE

MASSACHUSETTS MEDICAL SOCIETY.

WITH AN APPENDIX,

CONTAINING THE PROCEEDINGS OF THE SOCIETY.

VOLUME VIII.

SECOND SERIES. — VOLUME IV.

BOSTON:

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1854.

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ARTICLE VIII.

THE

PRODUCTION OF VITAL FORCE.

BY EDWARD JARVIS, M.D.,

FELLOW OF THE SOCIETY.

Read at the Annual Meeting, May 30, 1849.

MR. PRESIDENT AND GENTLEMEN,

"THEY that be whole need not a physician, but they that are sick." So we were taught near two thousand years ago by the highest authority, and so the world has practically told us ever since.

Our education has made our calling exclusively a curative and not a conservative one, and the business of our responsible lives has confined us to it. Our thoughts are devoted to, our interests are concerned in, and our employments are connected solely with, sickness, debility or injury—with diminution of life in some of its forms. But with health, with fulness of unalloyed or unimpaired life, we, professionally, have nothing to do.

Nevertheless, as the prudent seaman, before he takes his ship from the hands of the pilot, on the open sea, and assumes to guide it through the unmarked ocean, first ascertains exactly the position,

the latitude, and longitude of his own harbor, to which he is to bring his ship back again, in order that he may know when and where his voyage shall end, so it may be well for us, before we assume the care of the body in sickness, to ascertain precisely the state and condition of perfect health — the standard of power and action to which we wish to bring back the bodily organization and functions from their wanderings in the devious paths of disease. It is well to know the standard of perfect health, in order that we may compare the diseased state with it, and measure the extent of the error, and determine how much change shall be required for the perfect restoration.

This consideration may very properly interest us as healers of disease. But there are other considerations that ought to interest us, as philosophers and philanthropists, and engage our attention to see whether something may not be done for vitality, beside the mere battling with negations; whether the average standard of human health and strength, the usual quantity and duration of life, which the world now enjoy, are all that they can obtain from the means that are placed in their hands, and whether, after we have done all that our professional responsibility requires, and have set our patients free from disease, something more may not be superadded, and a higher degree and a larger expansion of life may not be given to mankind.

For this consideration of health, it is not necessary, now and here, to review the facts of Anatomy

and the principles of Physiology. We are sufficiently familiar with these. We know the organization of the living body and the functional action of its parts. We understand the conditions of life, the necessity of free play of all the organs, and the need of certain supplies and co-operation on our part. We recognize the want of food for nutrition, of air for respiration, of clothing and bathing for the surface, and of a certain measure of exercise for the brain and the muscular system. All these, we know, are essential to the maintenance of life, and without them life must diminish or cease.

There is no fixed measure for all or any of these actions, or for the supply of the animal wants, short of which we cannot come, and beyond which we cannot pass; but there is a wide range for all in which life may be kept up, or, at least, it is not extinguished; and yet, we know that life is not the same in all this variety of action and management; life is not a fixed quantity that cannot vary whatever may be the care bestowed upon it. But its extent or degree varies with all the circumstances affecting the organs and functions.

The original organization depends very much on parentage. The precise influence of the parent upon the child has not yet been determined. The parents can give to the child no other qualities than those which they possess when they give it the germ of life; and thus the qualities of the father and mother descend to their offspring, and health and disease, or rather that perfect organization which

secures regularity of action, and that imperfect organization which creates susceptibility of disorder, are transmitted from generation to generation.

HUMAN CONSTITUTION.—VITAL CAPITAL.—VITAL FORCE.

The aggregation of all the physical powers, the original organization, the united energies of the nutritive, respiratory, cutaneous, locomotive, and nervous actions, and the predominance of the vital over the chemical affinities, co-operate in the production of *vital force;* and these together make up what is commonly called the *constitution* of man—that is, his power for labor or endurance—his power of accomplishing his purposes, or resisting the causes of injury.

This constitution, or this quantum of vital force, may be considered as the *capital of life*, with which man operates, does all his work, enjoys all his pleasures, and sustains himself in his present being.

Some few persons have only vital force sufficient to barely sustain life. They can digest their food, and perform the other functions necessary for the replenishment of the exhausted powers, and no more. They can only keep their vital machines in operation. But most persons have more than this. After supplying their natural wants, and raising the power of the machine to its highest healthy point, then deducting all the vital force necessary for these from the whole constitutional force, there is in them a surplus of energy left to be disposed of otherwise; and this may be expended, at their own will, in ac-

tion of the muscles or of the brain, for profit or for pleasure.

If the constitutional power is considered as the capital of life, this surplus energy may be considered as the *income of life.* This may be expended daily, and yet leave that capital unimpaired. But this expenditure must be limited, in each day, to the quantity of vital force that is generated by each day's nutrition, and in each night's sleep.

This constitution, or quantity of vital force, must necessarily differ in different persons, and in some it differs very widely. There are differences in the primordial elements, in the original organization, in the distribution of strength through the several organs, in the tenacity of the vital principle, and in the early development of the powers.

There are also differences in the subsequent management of the system, and in the appropriation of the surplus energies. The animal organization is first determined by the Creator; the constitution is next developed by those who have the care of childhood and youth, and then it is entrusted to the hands of man himself, for preservation and for use. The Creator does not retain absolute control over the organs, nor has He endowed them with a certain and irresistible force, by which they shall supply their own wants, perform their functions, and regulate their actions in the manner which is best for the whole. All of these admit of various degrees; and, in this broad latitude, each one must seek out

for himself that degree which is best, and determine what degree shall be allowed.

ONE WAY PRODUCES THE MOST VITAL FORCE.

In the management of all the organs of the body, in the supply of the wants, in the use of the surplus energies, in the action of the brain and the muscles, in the discipline and the indulgence of the passions and propensities, and in all the circumstances with which a man surrounds himself, there is, in regard to each, only one way by which the greatest quantity of vital force is produced, health and strength maintained in their highest degrees, and life enjoyed in its widest expansion: and it requires watchfulness to discover that path, and unfaltering discipline to walk in it; because "strait is the gate, and narrow is the way, which leadeth unto life"—perfect physical as well as spiritual life—"and few there be that find it."

As in some mountain of regular acclivity there is a point of elevation which is higher than all the rest, and from which all divergence is descent, and he that would stand the highest must place himself there, and if he depart from this point, to the right or the left, he goes downward—it may be but a hair-breadth, but it is none the less certainly to that extent downward—so, in the maintenance of any one's life, there is a line of conduct which is above and better than all others; and there alone can he enjoy the largest amount of vitality, for there alone is the greatest amount of vital force produced; and

any departure from this line, however small, is inevitably followed by a corresponding depression of life. It may be but an infinitesimal of an error, but precisely to that extent is the vital deterioration.

We can approach this line of highest health — or the most perfect action and largest power — only by the most faithful compliance with the laws of nature, and the complete adaptation of the material to the wants of life, and of the exertions to the powers of action. The law of adaptation and fitness is as imperative in regard to the vital machinery, and to the composition of the materials of life, as it is in regard to the machinery of dead matter, or the composition of dead mixtures. — These are perfect, in their operations and effects, in proportion to the niceness of their workmanship, or the skill and success in their adaptation.

EVERY ERROR IN LIFE PRODUCES ITS PROPORTIONATE DIMINUTION OF VITAL FORCE.

The laws of life are as fixed as the laws of matter. Cause and consequence, in exact relation and in inevitable succession, are as inseparably connected in one as in the other. In life, there is no effect without a corresponding cause. In any definite organization, the quantity of vital force which is generated, the amount of health, strength, and enjoyment, which is obtained, are in mathematically exact proportion to the fulfilment of the conditions of life. The fulfilment of any condition is

inevitably followed by a corresponding degree of vital power, and any failure in regard to any condition — any error, however slight — is as certainly followed by a corresponding loss of power, or a proportionate diminution of vital force.

The capital of life, and capital in trade, are both subject to somewhat similar conditions. Both need certain discretion in management; both are sustained, and even increased, by faithfulness to their conditions; and both are diminished by every error. As, with the merchant, every disadvantageous investment, every neglect of the means of due profit, every expense in the conduct of business beyond what is necessary for its success, and every other expenditure beyond the income, lessen the amount of his pecuniary capital; so, every neglect of the due means of recuperating life, every failure of proper food, in time or in quantity, every tax upon the digestive organs beyond what the nutrition of the body requires, every inhalation of weakened or vitiated air, every excess of labor by muscle or by brain, every privation of sleep, all expenditure of power beyond the average daily strength — each one of these, whether great or small, diminishes, in its proportionate degree, the vital capital.

EFFECTS OF ERRORS ACCUMULATE.

With the merchant, the effect of small and repeated pecuniary losses is accumulative; and, however little they may attract attention, yet, after many repetitions, for a long period, they compel him to

feel them in the diminution of his capital, perhaps in embarrassment. So, the consequences of errors in the management of life accumulate; and, at last, are felt in the slackened energies, perhaps in failure in some of the functions, in some marked debility, or acknowledged disease.

The unfortunate merchant may refer his embarrassment to some recent loss, to some absconding debtor, or to some shipwreck or fire; but if his estate had not been impaired by his previous and repeated losses, which had been individually too small for his notice, the last and perceptible loss might perhaps have been easily borne.

So, the man who, however slightly but perseveringly, errs in diet, at last becomes dyspeptic. He may not be a gourmand, yet he may be rather a free or merely a careless liver, and eat that which is not digested with perfect ease, or he may consume a little more food than his nutrition requires; he may repeat this for months, perhaps for years, without feeling any especial inconvenience. But after a long period, he begins to feel somewhat oppressed after his meals, and his oppression gradually increases, yet so slowly that he hardly recognizes its advancement, and refers it to no assignable cause. Yet, at last, he is compelled to see and acknowledge the connection between his diet and his suffering; and then he wonders that his free or thoughtless habits of living, which had been harmless and agreeable, should now become oppressive and injurious.

Some farmers, mechanics, and other laborers, overtask their muscular systems during the early and middle periods of life. They work twelve, thirteen, fourteen, and some more, hours a day, and expend more power in each day than they regain in the night. They continually overdraw their income of strength, and expend from their capital; until, at last, they can no longer make this extraordinary exertion; and then they are obliged to select lighter employments, for, before they are old in years, they are decrepit in power, because they have expended their capital of life too early.

In like manner, the ambitious student may overstep the average power of his brain, and give a little more time daily to his mental labor, than his nervous system can bear; or exhaust so much nervous energy in the operations of the mind, that there is not enough left to sustain the physical functions. He may carry on this exhaustive process for years, without seeming to suffer, until the accumulated consequences of his repeated errors become perceptible; and then he is manifestly an invalid, perhaps dyspeptic, and his brain is unable to do its accustomed work.

When any one dwells in the foul air of some jails, or of the houses of some of the poor, where whole families occupy a single apartment, or of the rooms of others who admit no fresh air; or when he accustoms himself to breathe the exhausted air of some crowded shops, or lecture rooms, no perceptible injury is at first felt, nor even any great

inconvenience, except the discomfort of unpleasant sensations, and some oppression; and even these seem to cease by the blunting of the sensibilities, and then he can live in such rooms, or work in such shops, or frequent such assembly rooms, without being conscious of suffering any injury. But, after a long period, the evil consequences of breathing impure air reveal themselves. The skin loses its ruddy hue, the muscles lose some of their natural hardness and contractility, the mental faculties are less clear, and the moral powers weaker; the functions are carried on with less energy, and the body is more susceptible of diseases, especially those of the adynamic order: and, moreover, for want of recuperative energy, all disorders are overcome with more difficulty, injuries are healed with less ease, and sometimes they break out afresh, after they have been once cured.

In these and in similar cases, the production of vital force is gradually diminished, or the expenditure of power is gradually increased; and, in either way, it is manifest that the tone of the constitution is lowered.

In all these cases, the effect corresponds to the cause. They hold an exact relation to each other, but no relation to the amount of vitality with which they are connected. As the removal of the first grain of sand from a mountain diminishes, by so much, the weight of the immeasurable mass, as certainly as it would diminish the weight of the tiniest mole-hill, so the first slight error in diet of

the robust man overtasked his digestive powers, the first hour's excess of toil overtaxed the strength of the stout farmer, the first hour's study by the midnight lamp impaired the health of the vigorous student, the first privation of the accustomed and needful sleep reduced the vital energies of the buoyant youth, and the first respiration of vitiated air failed in some degree to remove the waste from the blood — all these errors, so slight, perhaps, that they were not noticed nor deemed worth considering in comparison with the power of endurance, yet all were followed by their natural and proportionate consequences of evil, as certainly as the last in the series, which was followed by gastrodynia, debility, headache, or languor.

In these and all other errors in the management of the human constitution, there is, from the beginning, a departure from the original standard of health, by degrees so small, and by processes so slow, that their measure is rather to be calculated than determined by observation; and it is only after a long series of these departing steps, when their effects on the body have accumulated, that they can be recognized. But the very first step in this wayward course, though infinitely small, was, to that extent, disease, disorder, or debility, certainly a failure of the fulness of life.

There is in man a large vital capital to be expended, a large power of endurance that may be exhausted in wrong management; and, therefore, he does not regard his errors, nor perceive his losses. But all

undue expenditure is none the less a loss, and all endurance is weakening; and the day of reckoning and suffering, sooner or later, inevitably comes. The consequences grow out of and hang upon the causes, and they cannot be separated.

It is plain, then, that the separation of perfect health from acknowledged sickness is not by a distinct and narrow line, on one side of which, all is soundness, and on the other, indisputable disease. But, between perfect health — as good as the original constitution admits — and recognized disease, there is a wide space, a sort of neutral or disputed ground occupied in part by both, and exclusively claimed by neither.

GREAT DIFFERENCES IN VITAL FORCE.

The result of all this variety of organization, development, and self-management, is, that between the strongest and the weakest man, both in the enjoyment of their average, or what they call good health, there is an interval almost as wide as that between life and death; and, in this wide space, there is every grade of power in which men live and enjoy all that they suppose is allotted to them. Whatever the grade may be, in which any one stands, that is his own standard of health, in which he hopes to sustain himself, and thinks himself sick, only when he falls below it.

It must be obvious, that these standards of health and of constitutional power have a very wide range, and that among them there are very various amounts

of vital capital. Between the house-bred, inactive lady, whose muscles are small and soft, and to whom all exercise is an exhausting burden, and the robust laborer, whose stout frame and large limbs are covered with well-developed and hard muscles — between the pale and languid student, whose appetite is small, and digestive power less, and the hardy sailor, who eats and digests large quantities of the most concentrated and stimulating food — between the uneducated recluse, to whose sluggish brain thought is a burden, and mental labor painful, and the man of strong and cultivated mind, to whose brain all mental labor is but child's play — between the timid, doubting, desponding, and anxious, and the bold, decided, hopeful, and buoyant — between one and the other of these, there is an immense difference in the power and the energy, the availability and the enjoyment of life; and, if all the stronger and higher qualities are united in the one, and all the weaker and lower qualities in the other, the difference is immeasurably increased. And yet both may be in their usual health, enjoying, as it may seem to them, all that their constitutions and their temperaments allow to them, and no more. The one is not in any unnatural state of exaltation, nor is the other in any unnatural state of depression.

SICKNESS.

Notwithstanding persons, who have these different degrees of vital force, suppose themselves to be well, yet the depressing causes which have produced

these differences frequently continue their wasting work, and produce disease; or, they often act as predisposing causes, and prepare the system for the action of other and exciting causes, which produce specific disease. Consequently, we find sickness of various kinds and degrees; and this is most frequent among the poor who must endure privations, among the weak and foolish who mismanage themselves, and among the wicked who abuse themselves. We have no means of certainly knowing how much sickness there is in any community. The Health Insurance and the Benefit Societies have done the most to explain this matter;[1] but as yet they have not had sufficient opportunities of varied observation to determine the amount of disease in all the classes of people, and in all countries.

Some of the best authorities on this subject suppose that for every person that dies, there are two constantly sick; that is, for every death there are seven hundred and thirty days of sickness; and where the deaths are two or three per cent. of the living population, the individuals of that people will have, on an average, two or three weeks[2] of sickness in each year.

The report made by Mr. Finlaison to the British Parliament, respecting the amount of sickness, shows that, among the industrious poor who are members of the Benefit Societies in London,

[1] See Note A, Appendix.
[2] 14.6 or 21.9 days.

There are constantly sick, among 1,000,000 of males, [1] —

At the age of 23, ...	19,410	At the age of 53, ...	27,060
" " " " 28, ...	19,670	" " " " 58, ...	36,980
" " " " 33, ...	19,400	" " " " 63, ...	57,000
" " " " 38, ...	23,870	" " " " 68, . . .	108,040
" " " " 43, ...	26,260	" " " " 73, . . .	317,230
" " " " 48, ...	26,140		

But these calculations include only those cases of sickness in which a person is precluded from attending to any of his ordinary concerns, and are, by no means, all the deductions that are made from the vital forces.[2]

Taking any one's own standard of usual health, there are very few, probably none, that do not, sometimes, and perhaps frequently, fall below it. All the short sicknesses of less than a week, all the little ailments—the headaches, the slight colds, the heaviness after a full meal, the languors after a late night spent in labor or pleasure, the fatigues after over-exertion—all these, and many others, are so many and so far deductions from vitality; and, in each one of them, the total sum of life, its labors and its enjoyments, are, thereby and to that extent, diminished.

MORTALITY.

The same causes that open the way to, or produce, sickness, also diminish the recuperative energy, or the power of resisting its effects. Hence, wherever the most disease prevails, there is the most mortal-

---

[1] T. Southwood Smith. Philosophy of Health, vol. i., p. 123.

[2] See Note B, Appendix.

ity: and, in those classes and countries where the vital forces are the most depressed, there is the most frequent death and the shortest duration of life.

These are matters of record and calculation, in regard to some countries, and also, to some extent, in regard to various classes of people. These records and calculations show great differences of longevity among different people. The observations and calculations of the Life Insurance companies afford the best data for determining the value of life, and for comparing its duration in one country or class with that in another.

According to these calculations, the expectation of life, or the average duration of all, was —

Age.	England.[1]	Sweden.[2]	Austria.[3]	France.[4]	Manchester, Eng.[5]
At Birth.	41 years.	34 years.	29 years.	28 years.	24.2 years.
" 20 years.	40 "	38 "	36 "	34 "	33.3 "
" 60 "	14 "	12 "	13 "	11 "	10.3 "

Of 10,000 children, at 10 years of age, there will die,[6] in

	New England.	England.	France.	Holland.
Before their 16th year.	300	322	364	436
" " 41st "	2223	2692	2614	3341
" " 71st "	6725	7077	6989	7263

and —

3275	2923	3011	2737

will survive their 70th year.

---

[1] English Life Table for 1841. Fifth Annual Report of the Registrar-General, p. 367.

[2] Nicander, quoted by Milne, on Annuities.

[3] Sixth Report of the Registrar General, p. 347.

[4] Duvillard, quoted by Milne, on Annuities, p. 548.

[5] Registrar-General's Seventh Report, p. 338.

[6] Tables prepared by James Hayward, for the N. E. Life Insurance Company.

The observations and calculations of the Life Insurance companies are limited to a few countries, and generally include only the better classes of people; at least, the poorest and the lowest are but rarely the subjects of their observation.

The average age at death, and the ratio of deaths to the numbers of the living, as means of estimating the force of mortality in any class or country, or as grounds of comparing the mortality of one place or class with that of another, are liable to some objections, because they necessarily bear some relation to the composition of the population, which differs in various countries and classes of people. All inferences, therefore, drawn from these data, must be admitted with some qualification.[1] Nevertheless, both of these data will afford some indication of the value of life, in any community, and lead to some approximation of the comparative value in different communities.

The average age of the dying [1] was, in

England and Wales,	29.64 yrs.	Russia,[6] (males,)	19.88 yrs.
Prussia,[2]	27.77 "	Martinique,[7]	41 "
Sweden,[3]	27 "	Massachusetts,[8] (1842 to 1848,)	29.11 "
Austria,[4]	23 "	Middlesex Co.,[8] Mass., (1842, '43, '44, '45,)	28.19 "
Ireland,[5]	28 "		

[1] See Note C, Appendix.

[2] Calculated from London Statistical Society's Reports, vol. ii., p. 364.

[3] Milne on Annuities, p. 534.

[4] Sixth Report Registrar-General of England, p. 347.

[5] Mr. Chadwick. Interment in Towns, p. 250.

[6] Calculated from a Statement of the Mortality of Males in Russia, in "Journal des Travaux de la Société Francaise de Statistique Universelle," tome iii., p. 352.

[7] Annales D'Hygiene, xviii., p. 271.

[8] Calculated from the Annual Reports of Births, Marriages and Deaths.

Franklin Co.,[1] Mass., (1842, '43, '44, 45,)	37.54 yrs.	Plympton,[3] Mass., (1812 to 1845,)	41.4 yrs.
Concord,[2] Mass.,	38.95 yrs.	Dorchester,[4] Mass.,	32.5 "

The proportion of deaths to the living population was, in [5]

Norway,[6]	one in 50.8	Roman States,[7] (1829,)	one in 28
England,[6]	" " 45.6	Russia,[6] in the basins of the	
France,[6]	" " 40	Dnieper, Don, and Wolga,	" " 23 to 18
Holland,[7]	" " 40	Northern Russia,[6]	" " 33
Upper and Lower Austria,[8]	" " 33	Maranham, S. A.,[8]	" " 25

Comparing the open country with cities, we find still greater differences, and that vital force diminishes, and the force of mortality increases, generally, with the density of population.

The average age at death, was, in

Massachusetts, (not including Boston), 1842 to 1848,	31 years.
Boston, 1842 to 1848,	21.64 "
England,	29.64 "
London,	27 "

[1] Calculated from the Annual Reports of Births, Marriages, and Deaths.

The Registration Reports of Massachusetts have been published seven years, and contain very important facts and deductions. Yet they fall very far short of what they should be; and the late reports are much less valuable than the early ones. The average age is stated in only two of the reports. The statements here made are approximations by calculation. Some important tables, which were in the reports previous to 1847, are not in the reports of 1847 and 1848. Neither the ages nor the causes of death, in reference to counties, are stated in the two last reports; and no means are given of comparing the mortality, longevity, or causes of death, in various sections of the State. It is to be hoped that, under the new law, more efficient service will be applied to this work, and the reports will take a new form, and give to science all the aid that the constantly accumulating facts will enable them to offer.

[2] Calculated from Bills of Mortality, from Nov. 17, 1778, to May 13, 1848.

[3] Lewis Bradford. Town Clerk's Report, in the Fourth Mass. Registration Report.

[4] Calculated from the Town Clerk's Records, 1817 to 1843.

[5] See Note D, Appendix.

[6] Calculated from Tables in Sixth Report of the Registrar-General of England.

[7] Pritchard's Natural History of Man.

[8] Tables of Commerce, Revenue, &c. of the United Kingdom, for 1834, Parliamentary Report, folio, Part iv., p. 454.

The ratio of deaths to population was, in

London,[1]	one in 39	Belgium, (towns)[2]	one in 36.9
Surry,[1]	" " 55	City of St. Petersburgh,[1]	" " 37
Lancashire and Cheshire,[1]	" " 38	Province of do.[1]	" " 24
Liverpool,[1]	" " 33	Austria,[1]	" " 30
Sweden, (country,)[1]	" " 44	Vienna,[1]	" " 21
" (towns,)[1]	" " 28	France,[1]	" " 39.9
Belgium, (country)[2]	" " 46.9	Paris, (Dep't of Seine,)[1]	" " 33

The same difference in mortality is shown in different parts of the same city. In the six most healthy registration districts of London, with a population of 261,728, the deaths, in 1839, were one in 41.7, at the average age of 32.81 years; while in the five worst districts, with a population of 238,518, the deaths were one in 39.72, at the average age of 22.04 years. The deaths of children, under ten years of age, were, in the best districts, 34 per cent., and in the worst districts, 56 per cent. of the whole.[3]

This difference of mortality is connected with, and, probably, in part owing to, the differences of circumstances and of domestic condition. In another classification, which included in one class the wide, well paved and drained streets, and good houses, inhabited principally by the prosperous, and, in another class, the narrow, badly paved and drained streets, and small and crowded houses, occupied principally by the poor—each class containing the same population—while only 315 died in the best, 613 died in the worst, streets and houses.

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[1] Calculated from Tables in Sixth Rep. Reg. Gen. [2] Quetelet on Man, chap. v.
[3] See Note E, Appendix.

Villermé says, that the mortality of the indigent class is, in some places in France, just double of that of the wealthy. "Taking together the whole of the French population, human life is protracted twelve years and a half, among the wealthy, beyond its duration among the poor.[1]

Sickness and mortality seem to go hand in hand with poverty. The want of intelligence and skill in self-management accompany the want of pecuniary means to procure the comforts and even the necessaries of life. Poverty refers to vitality, and to bodily and mental health, as well as to estate.

The Secretary of the English Poor Laws Commissioners classified the persons who died in several towns and places, according to their occupations, and domestic conditions; and the result[2] was, that in the families of the

Prosperous, ...	1088	died at	an	average of	42.6 years.
Middling Classes, ...	4791	"	"	"	29 "
Poor, ...	19,849	"	"	"	20.4 "

In the families of the prosperous, 20 per cent., and in the families of the poor, 50 per cent., of the deaths were under 5 years of age.

In the prosperous, 28 per cent., and in the poor, 66 per cent., died under 40.

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[1] T. Southwood Smith. Philosophy of Health, vol. i., p. 106.

[2] Condensed from pages 153 to 161 of the General Report on the Sanitary Condition of the Laboring Classes of Great Britain, by Edwin Chadwick, Esq. These classes are thus described:—"1. Professional persons and Gentry, and their families. 2. Tradesmen, Farmers, and their families. 3. Mechanics, Operatives, Laborers, Servants, and their families."

Among the prosperous, 46 per cent., and among the poor, only 8 per cent., survived their 60th year.

These statements are corroborated by the reports of Villermé, in France, and by some few partial inquiries made in this country. According to Mr. Shattuck's report on the census of Boston, the average age of those who were buried in the Catholic cemetery, at South Boston, 1836 to 1845, including principally the poor foreigners, from the most crowded parts of the city, was only 13.49 [1] years, while the average for the whole city was 21.64 years.[2]

Thus we see that man's length of life, instead of being continued to his fulness of years — three score and ten — is, in the most favored country, less than half, and, in some, less than one third, and in some classes less than one quarter, of what is supposed to be the natural longevity. England, and the rural part of Massachusetts, are among the most favored countries in this respect; and yet, in Massachusetts 40 per cent., and in England 47 per cent., die while they are going through the process of development, and before they enter upon self-sustaining life, in their 16th year. In Massachusetts only 16 per cent., and in England only 14 per cent., of those who died had fulfilled the natural destiny, and passed their 70th year.

To these deductions or losses of life by premature death, must be added the losses by sickness, little ailments, and want of fulness of power, and it is

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[1] Census of Boston, p. 157. [2] Calculated from Bills of Mortality.

plain that mankind fall very far short of that completeness of life which it is supposed that they have the means of enjoying on earth.

CAUSES OF THE DIFFERENCES OF VITALITY.

It is, then, a matter of the utmost interest, to know, why mankind suffer these losses of life, and whether they are necessary conditions of their being here.

Much of the difference of vitality is owing to difference of organization — much to development — but much more to self-management. The last is certainly within the control of man himself; the second is within the control of his parents; and the first is more under the control of the world than they are now willing to admit. Why, then, does not man avail himself of these means of life, and create for himself, or his children, the highest health?

There is a general ignorance of the laws of vitality. Men do not understand the connection between their conduct and vital force; and they feel but little responsibility for the maintenance of health. They lay their plans and carry on their operations, without much regard to the conditions of their existence. Life and its interests are not always paramount considerations; but they are made subordinate to matters of inferior importance. They are sacrificed or made to yield to common conveniences and concerns: a man postpones his regular meal, or perhaps goes without it, for want of time

to attend to it; or, he eats too much, in order to gratify his appetite, or perhaps to please his friends; he exposes himself to inclement weather — cold, storms, and heats — in pursuit of pecuniary profit; he fashions and wears his clothing, not according to the necessities of his temperature, but according to the varying taste of the world; he works late at night, or early in the morning, and expends in the day more vital force than the night brings back to him; or, he devotes some of the hours needed for sleep to pleasure, or to the calls of charity.

In the management of the organs and powers, the question, generally, is not — What does life require, for the development and maintenance of its fullest power? but — What will it bear without extinction? Doubtful questions are determined against life, which must bear the risk of the loss. As an imprudent merchant looks only to the possible chance of escape from bankruptcy, when he considers his expenditures and burdens, and expends or assumes whatever he thinks will not break him, although, to its extent, it is a tax upon his capital; so, unwary men look upon life as a sort of integer, which, whether complete or impaired, seems to be all the same — and, in considering burdens and expenditures, they ask — not, whether they will expand life, but — whether life can bear them without utterly failing.

The safety of using *alcoholic* drink is yet an unsettled question. Few suppose that it is ever beneficial to men in complete health: the only question

is, whether it is injurious or not. But, notwithstanding there is no doubt that it is not beneficial, and there is a doubt as to its harmlessness, the world is waiting for this last doubt to be removed, and for the positive proof that, in all cases, it produces injury, before they are willing to banish it utterly from use.

Tobacco comes under the same category. It does no good to men in health. Life is neither energized, nor exalted, nor prolonged by it. Its effects are, at best, but negative; and, to some, it is, in a greater or less degree, injurious. Certainly it is reasonable to suppose, that the mixture of so strong a narcotic as tobacco juice with the gastric fluid must change its character, and probably weaken its solvent powers; and the mingling the smoke of tobacco with the pure air must interfere with the chemico-vital processes in the lungs, by which the venous is changed into arterial blood.[1] In either case, the nervous system is unnaturally affected by it; and yet, because this is not demonstrated, the doubt is usually settled in favor of the use of tobacco.

Even more than this, the tobacco-smoker not only continues to experiment on his own vital forces, but he compels others, however unwilling or however unable they may be, or however much they may suffer by it, to try the same experiment on theirs. A man compels his family in his own house, some travellers, boarders in hotels compel the other occupants of the public rooms, and passengers in

[1] See Note F, Appendix.

the streets compel others in their vicinity, to inhale their tobacco smoke. Any one, who desires it, takes this liberty of forcing others to join with him, by vitiating their atmosphere, which, it seems, was given to man in a state of purity, that all might have the privilege of breathing it in the condition that would most effectually serve the purposes of life.

There is a law in this city, prohibiting the smoking of cigars in the streets; but this law is made, not for the security of man, but for the security of buildings. It is intended merely for the prevention of fires, not for the preservation of the purity of the air. It is not even in the chapter relating to public health, but in that which relates to the fire department.[1]

These, and other common and familiar customs, show how little the principles of vitality, or the care for life, weigh upon the anxieties of the world, and how far these are from being paramount considerations in the general plans of action.

The tenor of early education, the influence of public opinion, and the example of general habits, give men wrong notions of the value, the uses, and the purposes of life and its elements. The world talks much of the sacredness of life, and allows no man to extinguish it in himself or others. Suicide and murder are too shocking to be tolerated. But

[1] City Ordinances of Boston, page 111. "An Act to secure the Town of Boston from damage by fire." § 10. "Every person who shall smoke or have in his or her possession, any lighted pipe or cigar, in any street, lane, or passage-way, or on any wharf, in said town, shall forfeit and pay for each and every offence the sum of two dollars."

the foundation on which life is established, the organs and means by which it is sustained, the powers and faculties which are its products, and the labors and enjoyments which are its objects, have no such sacredness attached to them. These may be expended or wasted, and life thereby diminished, or even ultimately extinguished—and thus partial murder or partial suicide may be committed—and no law of authority prohibits it, no public opinion is disturbed by it.

A man does not this voluntarily; but he deliberately lays his plans, and pursues his course, by which these consequences are inevitably produced. He indulges his appetites and passions beyond their proper limit, he works too laboriously with his hands or his brain, he deprives himself of sleep, he engages in an unhealthful occupation, or establishes himself in an unhealthful climate or miasmatic country, and thus he reduces his vital forces, and partially destroys life, or entirely wastes it away.

The common sense of mankind is not shocked by these things; on the contrary, a willingness to incur the partial loss of life, and run the risk of its entire loss, is esteemed, with some, a sort of virtue; while the cautious guarding the integrity of life is deemed reproachable.

COMPARATIVE CARE FOR LIFE AND PROPERTY.

The care with which mankind guard the interests of property, the pains they take in every way to increase it, and the anxious attention to prevent its loss, compared with the devotion to the interests of

life for the same purposes, show that property is a primary, and life a secondary object.

The improvements that relate to life are few, and when they are made, they make but slow advancement in popular estimation and use. But the improvements that relate to the facilities or profits of business are manifold, and quickly find their way to the confidence and adoption of the people.

Although air-tight stoves were injurious to life, by stopping the chimney ventilation, yet, inasmuch as they lessened the consumption of fuel, they were at once adopted, and they were used throughout the country very soon after their invention. The improvements in tools, in like manner, are taken into general favor. But the means of artificial ventilation, which have been long before the public—some of them almost a century—are rarely used, except in some public buildings, and in the dwellings of the few who care the most for these matters—and these few are mostly confined to this and other cities and their neighborhoods. And this means of supplying the needful air to inhabited rooms is so far from being in general use, that most men, if they think at all of these things, consider them as only needless luxuries to be enjoyed by the wealthy and the self-indulgent, but by no means necessary for the security of life.

The same inference may be drawn from the comparative care which we bestow on the means of sustaining life, and upon the management of our ordinary affairs. Our digestion and nutrition depend very much upon the kind of food which we eat, or

the material that is to be converted into flesh. It would seem, then, that those who provide and prepare our food should understand its nature, and the effect of the various methods of cookery upon its digestibility and nutritiousness; and that they should carry on their culinary processes with such discipline, that they could not fail of producing that aliment which is best fitted to nourish the living body, and which will produce the greatest amount of vital force. With these means, success in culinary operations may be as certain as in those of the mechanic arts.

But so far is the general practice from this, that those who are entrusted with the preparation of our food are usually the least educated; most of them are ignorant of the principles of their art, and some of them incapable of conducting any series of operations with exactness and certainty to a definite conclusion. Consequently their work is uncertain, and it is but an accident that their results are satisfactory. Hence, luck and chance too often govern the preparation of food; and, in this matter of vital importance, people submit to that degree of unskilfulness and uncertainty that they would not in ordinary affairs. Hence, we are sometimes told, as if it were fair philosophy or inevitable necessity, that the cook was lucky with the bread when it is good, and unlucky when it is bad. This explanation is often received as satisfactory, and thus life is lucky or unlucky, with its chance of energizing or depressing sustenance.

But these loose principles of action are not ad-

mitted in regard to common arts. The world is not satisfied with the joiner, who says he was unlucky when he made his door of a different size from his passage-way; nor does it sympathize with the painter or dyer, who deems himself lucky when he produces the intended colors by his mixtures. In these and other common matters, the world not only understands the value of correct principles and certainty of action, but it demands and obtains them. Yet it needs no philosophy to tell, that the preparation of materials that are to be converted into living flesh, and the adaptation of these to the powers of the stomach and the wants of the body, are matters that require more skill than any processes in the chemical or mechanic arts.

These and all other means and ways of producing and expending vital force are submitted to man himself for direction and use, to gain from them the highest or any lower degree of life, and there is no natural or insurmountable obstacle to their best improvement.

But there are intellectual and moral obstacles to this advancement, in the general ignorance of the laws of life, and of the connection of self-management with health, and of the origin of disease, in the misapplication of the religious element, by which sickness is referred to the direct and unaccountable interposition of a mysterious Providence, and not to man's violation of the laws established by the all-wise Creator for his conduct in all the minutia of his life—and in that sullen fatalism that refers sickness to some irresistible necessity. There are obsta-

cles in man's foolish selfishness which seeks present and temporary gratification in over-indulgence of passion and appetite at the expense of future and lasting pleasure, and in the unwillingness to conform his plans of action to the vital requirements. Even these obstacles may be overcome by man.

INFLUENCE OF PARENTAGE ON THE CONSTITUTION. MARRIAGE.

But the difficulties that arise out of defects of organization, seem beyond the reach of human power to prevent; for, as the children's constitutions are primarily formed in the likeness of those of the parents, the hereditary strength or weakness must be traced back to the marriage relation for its cause. There it may not be possible to interfere. It is apparent that we cannot apply some of the means for the improvement of the human race that we do for the improvement of the lower animals and vegetables, by the selection of parentage.

The sensibilities of society would revolt at the thought, that only the healthy should marry. Mankind love to cherish some peculiarly holy and delicate notions in respect to marriage; the tenderest feelings of the heart, and the uncalculating affections, seem exclusively to be considered. People seem to marry for their own happiness alone, and cast no look beyond themselves. Yet other considerations are sometimes admitted. None can be blind to the future fact, that from this institution another generation shall spring; and, although these future events are forbidden subjects of discussion with

those who are most interested, and even all allusion to them in their presence is studiously avoided, yet, in reference to pecuniary matters, the probability of issue is occasionally considered. Some cautious women, in order to prevent the loss of their own estates, in the chances of their prospective husband's affairs, secure it before marriage to themselves and their issue. And some prudent persons, before contracting marriage, would consider it unwise to neglect to ascertain, whether the proposed partner had merely a life right in an estate in possession, or whether the estate was held in fee simple and would descend to the possessor's children. And so men and women do not hesitate to look at the probability of offspring when money is concerned, and to provide in the advance for the security and sufficiency of their estates.

If the world could be convinced, that health and strength descend from parents to children as certainly as property, and that the laws of man cannot guarantee to the future offspring the possession of estates that now belong to the contracting and marrying parties, as effectually as the laws of nature guarantee that their organization, and the physical, mental, and moral qualities, that grow out of it, shall descend to their issue; if this law of hereditary life could be as generally understood as the law of hereditary property, then men and women, in their matrimonial selections, would take into consideration the constitution and health of their proposed partners. And those, who now think it wise to ascertain whether wealth or poverty shall be entailed

upon their children, would think it still more wise to ascertain, whether a sound constitution, or insanity, epilepsy, consumption, scrofula, rheumatism, or any other disease, shall be their children's inheritance. Certainly no prudent man or woman can know that any one of these diseases, or that defect of organization which creates a susceptibility of any of them, belongs to the proposed husband or wife, without shrinking from the connection that would entail it upon their own children.[1]

It is an essential element of our highest benevolence and cultivation to arrange all our plans of action in such a way that they will secure the greatest good, not only for the present time and for ourselves, but for the future and for all others that may be affected by them, however remotely. On this principle, wise and generous men and women, when they form their matrimonial plans, will look, not merely for those qualities of mind and heart that will give the greatest present enjoyment to themselves, but for all those qualities that will secure the greatest and most permanent enjoyment to their children and their remotest posterity.

For this purpose, it is necessary to learn, first, the law of hereditary descent, and, next, the facts in regard to the hereditary or acquired constitution, the present health, and the purity or impurity of the blood of those who are candidates for matrimony. When used for this object, the study of even "endless genealogies" will be profitable; not for the

[1] See Note G, Appendix.

mere purpose of finding a series of names that represent a succession of generations, nor of tracing out some root of external honor, but to determine through whose veins the blood has flown from even remote ancestors to the present generation.

In this view, the *registration of births, marriages and deaths*, becomes of great value, for it will show from whom any one is descended, what families have connected themselves with his family, who have contributed the elements of their life to the formation of his life, whether any taint has crept through any of these channels into his blood, and what fatal diseases have been in his family.

Although, by means of the registry of deeds, we can trace our estates through the successive owners to the first one who appropriated them, yet we have no vital registry that extends backward through a single generation. But when these records of life and death shall be more complete, and the world comes to understand its true interest, men will consult them to ascertain the purity or impurity of the blood of families before they enter upon a matrimonial connection, as they now consult the registry of deeds to ascertain the clearness or defect of the title to estates, that have passed through several hands, before they purchase them.

There is a large moneyed institution in Boston which insures lives, and also loans money on the mortgage of real estate. With a wise caution, the directors receive no mortgage unless it is shown, by the public records, that there neither is nor has been any defect in the title to the estate, as it passed

through successive owners, from the earliest known possessor. But they insure lives without any such means of knowing, whether there may not have been some taint, consumption, epilepsy, scrofula, or other hereditary disease, in some of the predecessors of the insured, whereby he has a defective title to his life.

VITAL FORCE OF ANIMALS AND VEGETABLES INCREASED.

To all these matters the world will gradually turn its attention, and ultimately learn the way of enlarging human life, as they have already learned the way of enlarging property. What they have already tried with success in one field, they will try in another and richer one. Everywhere, men of high intelligence and practical habits devote time and talent to the study of the laws of nature, in order to expand the life of vegetables and of domestic animals.

By carefully observing the laws and requirements of its life, and adapting the soil, situation, exposure, nutriment, and all the circumstances of its being to its wants, and thus giving its vital principle the best means and opportunities of action, they have converted the small, bitter, indigestible and innutritious crab, into hundreds of varieties of large, delicious, digestible, and nutritious apples. By the same faithfulness to the conditions of their being, they have raised the wild sloe to the present rich variety of plums, and expanded the pear and multiplied it into almost a thousand kinds. In the same

manner, they have enlarged the vitality of other fruits, and of roots and grains, and made them manifold richer in all qualities of their respective lives, than they were before the skilful hand of man fed their wants.

So also flowers, which would seem to be the peculiar and perfect gifts of nature, have grown more luxuriantly, and become richer in living beauty, by the fostering hand of man.

By applying the same principles, men have multiplied and extended the living power and the qualities of cattle, sheep, swine, and other animals, to which they have thought it worth their while to devote their careful attention.

In making all these improvements, there has been no change in the laws of life; these remain universally the same as they were in the beginning. But, having learned these laws, in respect to these animals and vegetables, men have so arranged their circumstances, that they may have the best opportunities and means of development and growth, and thereby their vital forces have been increased, and all the desirable results of their life have been enlarged.

Associations of men have brought their united strength to aid in this work of vital improvement, governments have lent their influence and their treasuries to encourage it, by liberally rewarding those who have expanded the life of animals and vegetables.[1]

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[1] See Note H, Appendix.

VITAL FORCE OF MAN MAY BE INCREASED.

The laws of human life, also, are fixed and unalterable; but the circumstances amidst which those laws operate, the means by which that life is sustained, and the purposes to which its results are devoted, are various. They all affect very materially the quantity of vital force, and they are subject to human control.

Connected with the best circumstances and habits, life is the fullest, longest and happiest; and with the worst, it is the shortest, most meagre and wretched. But man is not placed in the lower condition by any inflexible law of his being, nor will any unconquerable necessity compel him to remain there through successive generations. In order to rise from the lower to the higher state, it is not necessary that there should be any alteration in the course of Providence, nor that man should be endowed with any new faculty or have any new field of action. It only requires that he should conform his plans and habits to those laws, which from the beginning have been established for his earthly being, and that he devote to this purpose the talents and the energies which he has already successfully devoted to the elevation and enlargement of animal and vegetable life, and then he may be confident of similar success in his own vitality.

As the world comes to care for these things, and to be willing to transfer their talents and energies for improvement from the lower to the higher field of life, they will want aid and instruction; for, when the facts are doubtful, or the application of

the principles uncertain, they will need competent men to investigate these matters and explain them, and will be as ready to reward the talent or the skill that saves them from deterioration or elevates their standard of life, as they now are to reward that which restores them their lost health and strength. And, as in the legal profession, no small proportion of the learning is occupied in advising men how they may conform themselves strictly to the requirements of the law, and thus save themselves from difficulties and losses, so, gradually, such a preventive branch of our profession may arise and find employment.

Even now such is occasionally demanded. Not long since, a cautious gentleman receiving a matrimonial proposition for his daughter, consulted a physician as to the propriety of the marriage. The proposed husband was a man of nervous temperament; his grandmother, his mother, and an aunt and cousin on her side, and a brother, all had been, or were then, insane. His friends thought him to be sound in mind, and secure from mental disorder; nevertheless, the physician thought there was some danger of his becoming insane, and a greater danger of transmitting the taint to his children. He therefore advised that the proposal be rejected. His advice was followed. Another, and somewhat similar case, was recently presented to the same physician, and a written opinion with the reasons requested. The same advice was given, but not followed.

In 1840, a gentleman fearing he had tubercles in

his lungs, asked the advice of his physician respecting the propriety of fulfilling a contract for marriage. The tuberculous condition was not very manifest, and there was some hope that his health might be invigorated, and at least that his children might not receive the taint, and he was advised to marry. In the course of six years he died of phthisis. In the mean time two children were born. One of these has died of tubercular disease, and the other very narrowly escaped death from pulmonary disorder, and is now very feeble, and probably has tubercles.

Consultations like these, and also in regard to other matters of a prophylactic nature, occur now and then. They ought to be, and, in course of time, they will be general, and we and our successors will have more and more opportunities of teaching the world the law of physical life.

In our teaching, and in the world's learning, there is every thing to gain and nothing to lose. Although a man cannot "by taking thought" alone, "add a cubit to his stature," yet, by careful observance of all the laws of his being, he may add a degree to his strength, an increase to his vital force, and days, perhaps years, to his longevity. How much of this expansion of life we may accomplish, or how many ages it will take for mankind to attain to its fullest measure of vitality, in duration, in power, and in enjoyment, we cannot tell, nor is it necessary for our present purpose that we should know. But, we may be assured, that, if in this matter we are faithful to the responsibilities that come upon us, from our edu-

cation, our opportunities, and our influence, we shall not only increase and prolong our own vital forces and actions, but guide others to make the same vital improvement, and then, dying, we shall have the satisfaction of leaving the world richer in all the blessings of earthly life than we found it.[1]

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[1] See Note I, Appendix.

OBITUARY.

WITHIN the last year seventeen members of this Society are known to have died.

Admitted to the Med. Society.		Residence.	Age.
1785	OLIVER PARTRIDGE,	Stockbridge,	97
1800	CHARLES L. SEEGUR,	Northampton,	86
1803	JONATHAN LEONARD,	Sandwich,	86
1803	NATHAN HAYWARD,	Plymouth,	85
1810	STEPHEN BATCHELLER,	Royalston,	78
1808	AMOS BANCROFT,	Groton,	77
1817	ENOCH HALE,	Boston,	58
1827	EZRA NICHOLS,	Newton,	58
1829	JOHN SEABURY,	Sturbridge,	57
1833	LEROY M. YALE,	Tisbury,	46
1836	THOMAS GRAY, JR.,	Boston,	46
1840	WOLCOTT C. CHANDLER,	Natick,	41
1846	SAMUEL HAMLIN,	Boston,	33
1843	HORATIO C. MORSE,	Roxbury,	29
1845	JOHN B. WALKER,	Boston,	28
1845	FREDERICK HOWES, JR.,	Salem,	25
1836	DANIEL W. DAVIS,	West Barnstable.	

Six of these deceased members were among the patriarchs of our profession, and they died in the fulness of their years. The others died in the midst of their usefulness, upon which some of them had but recently entered, and all of them left unfulfilled the hope that mankind would yet receive great benefit from their labors.

DR. OLIVER PARTRIDGE was born in Hatfield, in 1751, and removed to Stockbridge in 1771. He

began the active practice of his profession in 1773, and died in July, 1848. He had lived in one house 77 years, and had been in the profession 75 years. Throughout this long period he was engaged in the study and pursuit of medicine. He was a careful observer of nature, a student of botany, and interested in the study of the medicinal plants of this country. He even engaged in a public discussion of the merits of some of our indigenous plants with Dr. Thatcher, of Plymouth, after they were both past the age of fourscore. And even when he was more than 95 years old, he corresponded with an eminent physician concerning a case of some doubt. His mind held out to the last. "Only four weeks before his death, his deposition was taken by one of our lawyers, and his memory was so accurate that he would not sign it until it was altered to conform exactly to what he had told the party some months previous."[1] Thus with quiet diligence he passed more than three quarters of a century in the care of disease and the study of natural history, possessing always the love and confidence of his fellow-men, and then he died after having enjoyed more happiness than falls to the common lot of man.

Dr. Jonathan Leonard died, in January last, after having been engaged in his profession almost 60 years. During his life of more than fourscore years, he had ever shown himself an honest and a kind-hearted man; he was faithful to his profes-

[1] Dr. Stephen W. Williams, in Boston Medical and Surg. Journal, vol. xxxix., p. 123.

sional responsibilities, and an honor to his vocation. He was kind and gentle to all who had intercourse with him, and highly beloved and respected by his people.

He became a member of this Society at an early period, and continued its unfaltering friend to the day of his death. He took great interest in education and in every thing that would elevate the condition of his fellow-men. He had very active and generous sympathies and delicate tastes, and manifested them in his regard for the poor and distressed, in his love of animals, and in fondness for botany and horticulture. He retained his interest in these even to his extreme age, and thus he kept his heart young while decrepitude was creeping over his frame. After a long life of active usefulness in his profession and in society, he died in the love and the confidence of those who knew him.

Dr. Stephen Batcheller was the son of Dr. Stephen Batcheller, of Royalston. He first engaged in the practice of medicine in Truro, in 1800 — but in 1803, he removed to Royalston, where he continued in active professional employment to the day and almost to the hour of his death, on the 7th of November, 1848. "The father and the son successively practised in this town for the long period of 80 years." "As a physician, Dr. Batcheller certainly held a high and very respectable rank, and was greatly esteemed by his professional brethren." "He had probably for many years a more extensive consultation business than any other physician in

the county of Worcester, and perhaps in the State."[1] He was an exemplification of the great physical labor which is required of some country physicians in extensive practice. He lived in the midst of a very hilly and somewhat mountainous region, and was called to visit his own and others' patients on every side, far and near. "He was notorious for the rapidity of his travelling. Keeping the best horses, he often travelled seventy miles a day and visited his patients."[2] This laborious employment left him, in some seasons, very little time for rest, and none for study. Yet, at other seasons, he found time for study, and read most of the new medical works. He had many medical students, and he was very much called upon to attend to the affairs of the town, and to the service of the widow and the orphan, who always found in him a ready and an efficient and a generous friend.

"He was one of the most punctual attendants of the meetings of this Society. Although residing seventy miles or more from Boston, he often rode from Royalston thither in his gig to attend this meeting, the day before its assemblage, and returned home the day after in the same way. He held the office of Counsellor in the Society for a great many years in succession, and for two years he held the office of Vice President in it."[2]

Dr. Batcheller lost no time in self-indulgence, or in sickness. He was a strong advocate of temperance

[1] Dr. Stephen W. Williams, in Boston Medical and Surg. Journal, vol. xxxix., p. 457.
[2] Ibid. p. 458.

and an indefatigable worker. "His active usefulness continued to the very end of life. He literally died in the harness. He practised in two adjacent towns on the day of his death. On his return, it being the day of the Presidential election, he deposited his vote for electors at the town house, and called on one of his neighbors, apparently well. As he sat at an innocent game of checkers with him, he leaned back in his chair, and observing that he felt faint, called for a glass of water; but before it could be handed to him, he was dead, probably from a fit of apoplexy."[1]

Dr. Enoch Hale was too prominent a member of this association to be ever forgotten by those who met him here. The prosperity of this Society was dear to his heart, and he labored earnestly and successfully for its best interests. He was a strict constructionist of its constitution; but he strove to adapt its organization and laws to the wants and progressive nature of the profession.

He had the first requisite of a good physician — he was an honest man; there was ever in his mind that fair ingenuousness that seeks for truth alone, and is fearful of all error. He was a careful observer of events, a diligent student of books, and hence an accumulator of many facts. His mind was a rich storehouse of details, out of which he was able to draw wide inferences in regard to the nature of man. Meteorology was his especial favor-

[1] Dr. S. W. Williams, in Boston Medical and Surgical Journal, vol. xxxix., p. 469.

ite, and by his observations of the weather, cold, heat, winds, &c., in connection with health and disease, he endeavored to contribute to the advancement of medical science.

Dr. Hale was early distinguished as a scholar and a writer. Very soon after he began the practice of his profession, he wrote the "History of the Spotted Fever." In 1819 and 1821, he wrote two dissertations "On the communication between the Stomach and Urinary Organs," and "On the propriety of administering Medicine by Injection into the Veins." Each of these obtained the Boylston Prize. In 1839, he delivered the annual address before this Society, on the "Typhoid Fever of New England." Beside these, he was a liberal contributor to the North American Review and several Medical Journals.

In his intercourse with his patients, in private practice, and "at the hospital, he evinced, in a remarkable degree, that fidelity and tenderness of feeling which gained for him many friends, who regarded him with affection and respect."[1] In his intercourse with his professional brethren he showed himself a kind, a just and a learned member of the profession, and in general society he was a man of distinguished learning, of incorruptible honor, and untiring industry in the walks of usefulness.

Dr. Amos Bancroft was a physician of high respectability, and enjoyed in a large degree the

[1] Report of the Trustees of the Massachusetts General Hospital for 1843, p. 5.

confidence of an extensive neighborhood. He was also engaged in the cultivation of the earth, and took great satisfaction in the success of his agricultural pursuits. Nevertheless, he was devoted to his profession, and continued in active practice in Groton and its vicinity until his health failed, a short period before his death. He was overthrown in State street, in Boston, in July, 1848, and died in a short time, at the house of a friend.

APPENDIX.

NOTE A.—(PAGE 15.)

"In manhood, when one person in one hundred dies annually, two are constantly sick."[1]

The following table is condensed from Ansell's table of the "mean quantity of sickness experienced by a person in the year following each age, expressed in weeks and decimals of a week."[2]

AGE.	WEEKS SICK.	AGE.	WEEKS SICK.
20 to 35	.826	69 to 76	13.062
36 to 44	1.029	77 to 80	25.556
45 to 52	1.722	81 to 85	10.387
53 to 60	2.700	86 to 92	34.772
61 to 68	7.193		

From 20 to 35, the amount of sickness does not vary very materially, being the lowest, 738, at 26, and the highest, 966, at 35. From this age it increases, and in the later periods of life very rapidly. It seems to be very small in the period from 81 to 85. This, however, may be due to the limited number of persons observed, which were healthier than the average at that age.

There are no data to determine the amount of sickness in New England. Some of the Health Insurance Companies here made up their rates of premiums according to those of the English

[1] Macculloch, Statistical Account of British Empire, vol. ii., p. 567.

[2] On Friendly Societies, p. 59.

Benefit Societies. But these have been found, on trial, too low. Probably there is more sickness here than in England, and some of these companies have been paying out in "benefits" more than they received in premiums. The Boston Journal of 30th July, 1849, says, "Yesterday the last of the four companies remaining in operation, chartered in 1847, viz., the Massachusetts Health Insurance Company, voted to discontinue farther business and close up its affairs. The 'Lowell' and 'Worcester' institutions decided on this course about a year ago. During the last six months, the Essex Company has been winding up and paying from 20 to 30 cents on a dollar."

The Siloam Lodge of Odd Fellows, in Boston, found the same result and difficulty, and lately voted not to pay for the first week of any case of sickness, but for all afterwards, and charge the same premiums as before.

The average number of the members of the Siloam Lodge for the years 1844, '45, '46 and '47, was 549. The average time of sickness of all in each year for which "benefit money" was paid, was 465¼ weeks. Average sickness for each member drawing "benefit money," was 5.9 days in each year.

This agrees very nearly with the short experience of the United States Health Insurance Company.

The average amount of sickness is much greater among females than among males. The records of the Lancashire Factories show this fact. Among all the persons employed, the females had about fifty per cent. more sickness than the males, and at some periods, three times as much as the other sex.

Average days of Sickness among all employed in the Lancashire Factories.[1]

AGE.	DAYS OF SICKNESS PER YR.		AGE.	DAYS OF SICKNESS PER YR.	
	Males.	Females.		Males.	Females.
Under 11	2.46	3.03	36 to 41	4.13	6.16
11 to 16	3.81	4.25	41 to 46	5.09	14.67
16 to 21	4.42	5.56	46 to 51	7.18	20.34
21 to 26	4.91	6.85	51 to 56	3.47	15.75
26 to 31	6.88	8.62	56 to 61	12.68	15.75
31 to 36	3.85	9.29			

[1] Maculloch's Statistical Account of the British Empire, vol. ii., p. 579.

Proportion of Sick out of 100 *living at each Interval of Age.*[1]

Between Ages	SICK TIME IN 100 OF LIFE TIME.		Theoretical Table by Mr. Edmonds.
	Scotch Benefit Societies.	English Benefit Societies.	
20 to 30	1.14	1.54	1.72
30 to 40	1.32	1.83	2.30
40 to 50	1.97	2.56	3.10
50 to 60	3.60	4.32	4.51
60 to 70	10.80	11.26	9.36
70 to 80	31.70	32.50	
80 to 90		40.00	
90 to 93		67.00	
All Ages,	2.45	2.76	

The observations which have been made in this country are not sufficient to determine the amount of sickness at various periods or the whole of life. But, if we assume the average of the experience of the English Benefit Societies and the rates proposed by Mr. Edmonds, in the London Lancet, and apply these rates to our own population, we can approximate the probable number who are constantly sick. The following table is constructed by calculating the population of Massachusetts for 1849, and multiplying the numbers in each class by the several English rates of sickness.

Approximate number of persons between fifteen and seventy constantly sick in Massachusetts.

PERIOD.	CALCULATED POPULATION.	PER CENT. SICK.	NO. CONSTANTLY SICK.
15 to 20	87,392	1.36 *	1,188
20 to 30	185,500	1.63	3,025
30 to 40	136,410	2.06	2,810
40 to 50	77,850	2.83	2,203
50 to 60	51,530	4.41	2,262
60 to 70	28,849	10.31	2,933
15 to 70	567,531	2.52	14,421

[1] British Med. Almanac, quoted by Maeculloch in Statistical Account of British Empire, vol. ii., p. 574.

* This rate is not in the statement of Mr. Edmonds or of the Benefit Societies. It is taken from the rates of sickness among the operatives in the Lancashire Factories.

NOTE B.—(Page 16.)

The forms of the policies of the Massachusetts and some other Health Insurance Companies thus describe the degree of sickness or vital depression, for which they pay the "sick allowance."

"In case the assured shall at any time, during the continuance of this policy, be rendered wholly incapable, by sickness or any bodily injury received subsequent to the commencement of this policy, of pursuing, superintending, or overseeing his ordinary business or occupation, for one week or more."

"Provided always, that in case such sickness shall be taken, or such injury received, in a duel, or in the commission of any crime or misdemeanor, or in any military or naval service whatever (the militia not in actual service excepted), or in case such sickness or bodily injury shall be occasioned by any unlawful or immoral conduct of the assured, or shall proceed from any chronic disease or affection with which the assured now is, or has heretofore been afflicted, the said company shall not be liable to the payment," &c.

The Benefit Societies usually admit, and the Insurance Companies give policies to, those only who are in sound health, and they pay "sick allowance" to none who are sick of any of the primary or secondary forms of venereal disease, or in consequence of intemperance, or who are injured in any fight or brawl or war. They pay for no period of sickness, however severe, which is less than one week, nor for any slight ailment which may diminish the vital forces, and partially impair one's vigor for any period, however long. Consequently the assumed amount of sickness or reduction of vital force, estimated from these and similar observations, must be very much increased, and probably might safely be doubled; and in Massachusetts, it may be assumed, that the number of persons, between 15 and 70, constantly sick, is, at least, 28,000, and not 14,411, as calculated in the preceding note.

NOTE C.—(PAGE 18.)

In a stationary population, where is neither immigration nor emigration, or where these balance each other, and where the number of births is the same from year to year, and the same also as the number of deaths, the average number of those who die, as shown by the bills of mortality, may be safely taken as a basis of comparison of the longevity of the classes or communities in which these deaths take place, with that of other classes or communities similarly circumstanced in respect to births and migration.

But, as in most classes or nations, these disturbing causes operate, to a greater or less extent, and especially in new nations like our own, scarcely any population can be considered as stationary, and therefore the comparison of the longevity of the people of various classes or places, must be made with some qualification, unless the disturbing causes in all are similar and equal.

The average age of the dying must bear a relation to the composition of the living population. In a new community, made up of immigrants, there is necessarily a preponderance of youth and children, and comparatively few aged persons; consequently the bills of mortality must show a lower average age than those of an old community, in which the oldest have had time to live to extreme old age, or one from which some have emigrated, and thereby diminished the numbers of the young families and children.

Likewise, in a community growing by the excess of births over the deaths, there must be a greater proportion of persons in the earlier years of life, than in another, where the births and deaths are equal.

Both of these states — that which is growing by immigration and that which is growing by excess of births — will show in their bills of mortality a greater proportion of deaths of children and youth, and consequently a lower average duration of life than other and stationary states; and yet the people in these growing states may be as healthy, and the expectation of life as great, as in the others whose bills show a greater longevity.

The ratio of deaths to the living population is liable to similar objections as a basis of comparison of mortality, inasmuch as this ratio must also bear some relation to the composition of the population. The liability to death is much greater at some periods of life than it is at others.

Mr. John Finlaison, the actuary of the British National Debt, made a report, in 1829, to the House of Commons, upon the comparative mortality at various periods of life. His calculations are founded upon the observation of the annuitants at his office. From his report, it appears that among males, in the course of a year, there will die,

Out of 1,000,000 within the 1st twelve months,	180,492
" " in the 14th year of age,	5,742
" " " 24th " "	15,074
" " " 35th " "	11,707
" " " 49th " "	14,870
" " " 59th " "	29,185
" " " 69th " "	61,741
" " " 79th " "	114,255
" " " 85th " "	178,130
" " " 89th " "	246,803

This corresponds very nearly with the deductions which the Registrar-General drew from the comparison of the 2,432,788 deaths, in England and Wales, of specified ages, during the seven years from 1838 to 1844, with the population which was enumerated in 1841. [1]

Annual Mortality per million in each age.

AGE.	RATIO OF MORTALITY.		AGE.	RATIO OF MORTALITY.	
	Males.	Females.			
0 to 1	205,100	154,440	35 to 45	12,490	12,420
1 to 2	67,060	63,930	45 to 55	17,760	15,480
2 to 3	35,310	34,900	55 to 65	31,410	27,820
3 to 4	25,200	24,810	65 to 75	66,130	58,850
4 to 5	18,530	18,310	75 to 85	143,940	132,010
			85 to 95	296,460	275,530
0 to 5	70,720	60,370	95 & upw'ds	426,970	407,795
5 to 10	9,260	9,000	All ages.	22,700	21,040
10 to 15	5,040	5,480			
15 to 25	8,050	8,330	Living to 1 death,	44.1	47.5
25 to 35	9,680	10,090			

[1] Ninth Annual Report, p. 177.

Human mortality is the greatest in the extreme or the tender ages of life. In the first year, it is eighteen per cent. among the males of the more favored classes, the annuitants, and more than twenty per cent. among males of all classes of England. From the first year, the mortality diminishes, at first very rapidly, and afterward more slowly, until the age of 13, which is the healthiest and most secure period of life. From this age the mortality again increases, until the establishment of manhood, at the age of 23; again it diminishes until the age of 34, when the manhood is in its fullest vigor. From this period it again increases, and continues increasing to the latest age. At the age of 48, the mortality is almost the same as at the age of 23; and at the age of 84, it is almost the same as at the first year after birth.

The following calculations are made from the English Decennial Life Table, in the fifth report of the Registrar-General of England, page 367, and from the table showing the law of mortality, prepared by James Hayward for the New England Life Insurance Company.

Proportion of Deaths, in the decennial periods, to the Population living at the same periods.

DECENNIAL PERIODS OF LIFE.	PROPORTION PER CENT. OF DEATHS.		DECENNIAL PERIODS OF LIFE.	PROPORTION PER CENT. OF DEATHS.	
	English Life Table.	N. E. Life Table.		English Life Table.	N. E. Life Table.
Under 10 yrs.	29.3	*	50 to 60	18.5	20.7
10 to 20	6.4	6.1	60 to 70	35.4	38.8
20 to 30	8.6	8.1	70 to 80	61.2	65.5
30 to 40	10.7	9.9	80 to 90	87.8	89.9
40 to 50	13.3	13.	90 to 100	98.6	100.

It is plain, then, that the number of deaths in proportion to the whole population, would be less in a community or class of persons of whom a larger proportion are between the ages of 10 and 50, than in another community or class of whom the greater proportion are under and above these ages.

* The English table commences at birth, the New England table at 10 years of age; but from the similarity of the two tables in other respects, it is probable that they would agree in the first decade.

NOTE D.—(Page 19.)

The Registrar-General of England obtained, principally through the British foreign ministers, accounts of the population and mortality of most of the civilized nations. These were published at great length and minuteness in the sixth Report of Births, Marriages and Deaths. The following table is calculated and condensed from that work.

Population, Deaths, and proportionate Mortality.

Country.	Population	When enumerated.	Annual Deaths.	Years of Death.	Deaths per ct. of Pop.	Living to 1 Death.
Norway, . . .	1,123,072	1825 and 1835*	22,075	1825 to 1835*	1.9	50.8
Denmark, . . .	† 2,086,686	1835 to 1839*	45,153	1835 to 1839*	2.1	46.2
England & Wales,	15,906,741	1841	348,274	1837 to 1844*	2.18	45.6
Hanover, . . .	1,744,139	1842	40,843	1842	2.3	42.9
Sweden, . . .	2,894,927	1825 1830 1835*	68,756‡	1826 to 1839*	2.37	42.1
France, ...	33,477,566	1831 1836 1841*	837,949	1833 to 1841*	2.5	39.9
Hungary & Transylvania,	14,917,159	1834 1837 1839*	369,634	1834 to 1840*	2.6	38.
Bavaria, . . .	4,370,977	1840	122,416	1838 1839	2.8	35.7
Prussia, ...	14,928,501	1840	421,296	1839 1840 1841*	2.8	35.4
Saxony, . . .	1,698,059	1832 1834 1837 1840*	49,466	1832 to 1841*	3.	33.3
Austrian Empire,	16,410,186	1834 1837 1840*	510,903	1834 1837 1840*	3.1	32.
Austria, Up. & Low.	2,257,449	1834 1837 1840*	75,008	1834 1837 1840*	3.3	30.
Lombardy & Venice	4,630,966	1834 1837 1840*	153,096	1834 1837 1840*	3.3	30.
Wurtemburgh, .	1,646,354	1833 to 1842*	57,145	1833 to 1842*	3.4	29.3
Russia, ...	§49,595,480	1842	1,856,183	1842	3.7	26.6
Russia, Northern,					less than 3.	
Russia in the Basins of the Don, Dnieper, Wolga					4.3 to 5.3	
Europe, ...	167,548,237		4,997,427*		2.98	33.5

* Average population and mortality of these years.

† The population of Denmark in the years 1835 to 1839 is not stated. This number is calculated from the number and ratio of deaths which are given.

‡ The mortality of 1839, which was much increased by the cholera, 109 per cent. above the average, is not included.

§ Returns of Deaths, &c., received from this number of people. "The population of the Russian empire exceeds 60,000,000."

"In each year there has died 2.02 per cent. of the inhabitants of the canton of Geneva. This is a mortality less than that of England, which was 2.20 per cent. per year for the years 1838 to 1841; and much less than that of the Sardinian States, which was in ten years, 1828 to 1837, 3 per cent. per year." [1] "The mean age at death was 39.7 to 43.5 years, in Geneva, and 28 years in the Sardinian States." [2] "The rate of mortality was, in Batavia, 1 in 26; in Trinidad, 1 in 27; in St. Lucia, 1 in 28; in Martinique, 1 in 28; in Gaudaloupe, 1 in 27; in Havana, 1 in 33." [3]

NOTE E.—(Page 20.)

The mortality of cities is better known than that of rural or country districts. The diseases have been more faithfully observed and the deaths more accurately recorded and made known in regard to the towns than the country. We have, therefore, somewhat imperfect data for comparing the healthfulness of the one with that of the other. Yet almost all the data which have been found—the investigations in France, Belgium, England and the United States—show that life is shorter and deaths more frequent in the city than in the open country. Whether we compare the longevity, the proportion of deaths to the population, or the results of various diseases, we come to the same conclusion.

"This broad, irrecusable result is obtained from an immense number of facts, that certain diseases are much more fatal, and that the mortality is much greater, in towns than in the open country." [4] This is shown by the following table, taken from the Registrar-General's 5th Report. [5]

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[1] Annuaire, De la Mortalité Genevoise, par le Docteur Marc D'Espine, p. 26.
[2] Ibid., p. 31.
[3] Pritchard. Nat. Hist. of Man, i., p. 117.
[4] Registrar-General's 5th Report, p. 409.
[5] Ibid., p. 403, 404, and 405.

Population and Mortality of Rural and Town Districts of England.

CAUSES OF DEATH.	METROPOLIS AND DISTRICTS OF 25 TOWNS OR CITIES.	DISTRICTS OF 12 COUNTIES.
	Population enumerated in 1841.	
	3,759,186. Pop. to sq. m. 5,108	3,440,501. Pop. to sq. m. 199
	Annual Deaths in four years to 1,000,000 of the Living.	
All Causes,	27,073	19,300
I. Zymotic diseases—Endemics, Epidemics, and Contagions, Sporadic diseases,	6,013	3,422
II. Of uncertain and variable Seat,	3,034	3,237
III. Of the Nervous System,	4,267	2,256
IV. Of the Respiratory Organs,	7,967	5,327
V. Of the Organs of Circulation,	421	226
VI. Of the Organs of Digestion,	1,972	1,042
VII. Of the Urinary Organs,	117	101
VIII. Of the Organs of Generation,	276	166
IX. Of the Organs of Locomotion,	168	106
X. Of the Integumentary System,	36	28
XI. Old Age,	1,943	2,676
XII. External Causes—Injuries, Poisoning, Asphyxia,	860	713
I.		
1 Smallpox,	1,045	507
2 Measles,	914	364
3 Scarlatina,	988	478
4 Hooping Cough,	829	415
5 Croup,	268	201
6 Thrush,	108	93
7 Diarrhœa,	306	148
8 Dysentery,	47	31
9 Cholera,	32	17
10 Influenza,	50	94
11 Ague,	7	3
12 Remittent Fever,	12	8
13 Typhus,	1,254	998
14 Erysipelas,	133	53
15 Syphilis,	18	10
16 Hydrophobia,	2	1
II.		
17 Inflammation,	250	319
18 Hæmorrhage,	88	80
19 Dropsy,	914	913
20 Abscess,	94	67
21 Mortification,	116	91
22 Purpura,	6	5
23 Scrofula,	52	101
24 Carcinoma,	183	198
25 Tumor,	35	23
26 Gout,	20	16
27 Atrophy,	214	220
28 Debility,	758	938

TABLE, *continued.*

Causes.	Annual Deaths in four years to 1,000,000 of the Living.	
	Town Districts.	Country Districts.
29 Malformations,	16	17
30 Sudden Deaths,	288	250
III.		
31 Cephalitis,	267	111
32 Hydrocephalus,	876	334
33 Apoplexy,	422	387
34 Paralysis,	367	353
35 Convulsions,	2,000	852
36 Tetanus,	11	7
37 Chorea,	2	1
38 Epilepsy,	87	73
39 Insanity,	31	23
40 Delirium Tremens,	27	10
41 Brain, &c. disease of,	176	103
IV.		
42 Laryngitis,	9	6
43 Quinsey,	54	22
44 Bronchitis,	220	106
45 Pleurisy,	45	28
46 Pneumonia,	2,084	982
47 Hydrothorax,	132	153
48 Asthma,	687	196
49 Phthisis, or Consumption,	4,463	3,660
50 Lungs, &c. disease of,	273	173
V.		
51 Pericarditis,	15	9
52 Aneurism,	14	7
53 Heart, &c. disease of,	393	210
VI.		
54 Teething,	616	120
55 Gastritis, }	660	366
56 Enteritis, }		
57 Peritonitis,	23	12
58 Tabes Mesenterica	70	59
59 Worms,	30	30
60 Ascites,	12	9
61 Ulceration,	34	18
62 Hernia,	41	26
63 Colic or Ileus,	41	54
64 Intussusception,	12	8
65 Stricture,	11	10
66 Hæmatemesis,	7	6
67 Stomach, &c., disease of,	124	97
68 Pancreas, disease of,		
69 Hepatitis,	32	23
70 Jaundice,	87	55
71 Liver, disease of,	201	148
72 Spleen, " "	2	1
VII.		
73 Nephritis,	11	7
74 Ischuria,	5	6
75 Diabetes,	13	13
76 Cystitis,	8	8
77 Stone,	16	12

TABLE, *continued.*

Causes.	Annual Deaths in four years to 1,000,000 of the Living.	
	Town Districts.	Country Districts.
78 Stricture,	7	6
79 Kidneys, &c., disease of,	55	49
VIII.		
80 Childbirth,	221	137
81 Paramenia,	7	4
82 Ovarian Dropsy,	4	3
83 Uterus, &c. disease of,	43	23
IX.		
84 Arthritis,	2	2
85 Rheumatism,	72	48
86 Joints, &c., disease of,	95	56
X.		
87 Carbuncle,	1	3
88 Phlegmon,	4	6
89 Ulcer,	13	9
90 Fistula,	10	4
91 Skin, &c., disease of,	7	6
XI.		
92 Old Age,	1,943	2,676
XII.		
93 Intemperance,	19	7
94 Starvation,	15	8
95 Violent Deaths,	827	698

Of the whole 94 causes, beside old age, only 14, influenza, inflammation, scrofula, carcinoma, atrophy, debility, malformation, hydrothorax, colic or ileus, carbuncle, and phlegmon, produced more deaths (2,104) in the country, than (1,701) in the cities. From four other causes, worms, diabetes, cystitis and arthritis, the deaths were equal (53) in town and country. The deaths from old age were 37 per cent. more in the rural than in the city districts. The excess of mortality, from this cause, is rather an indication of healthfulness of any locality, inasmuch as it shows that so many more survive to a very late period. All the other 79 causes produced a greater number, and some a much greater number of deaths in the towns than in the open country. And, taking all the 95 causes, the proportion of mortality to 1,000,000 of the living population, is 40 per cent. greater in the former than in the latter. Or, while 100 die in the rural districts, 140 die in the dense towns, among the same number of people.

There is a still greater difference of mortality in some smaller

districts. The rural part of Surry contains 229,733 inhabitants, and the town of Liverpool 223,424. The deaths in 1841, were, in Surry, 4,256, or 1.85 cent. of the population; and, in Liverpool, 7,556, or 3.38 per cent. The proportion of mortality to the living was 82 per cent. greater in this town than in that county; or, while 100 die in Surry, 182 die in the compact town of Liverpool.

So far as we have the means of comparison, a similar excess of mortality is shown in the cities over that of the rural districts of this country.

Mortality of City and Country.

Place of Death.	Period of Death.	No. of Deaths.	Average Longevity.
			Years.
Massachusetts, not including Boston	1842 to 1848	62,257	31.*
Boston,	1842 to 1848	18,834	21.64 †
Providence,	1840, 1843 to 1848	5,036	21.8 †
New York State,	1847	14,525	29.9*
New York,	1838 to 1842, 1847-48	69,791	19.9 †
Philadelphia,	1837 to 1846	56,138	20.47 †
Baltimore,	1846 1847 1848	10,267	20.43 †
Louisville, Ky.	1840 to 1843	2,021	17.86 ‡

Mortality of Cities of different densities of Population.[1]

Place.	Pop. to sq. m. of builded area.	Deaths, 1 in	Average age at death.	NUMBER OF DEATHS TO EVERY 1,000 DEATHS,	
				Under 5 yrs.	Over 70.
London,[2]	50,000	37.38	26.5 yrs.	408	111
Birmingham,	40,000	36.79		432	88
Leeds,	87,256	36.73	21.	480	79
Manchester,	100,000	29.64	20.	510	60
Liverpool,	138,224	28.75	17.	528	54

* Calculated from the Annual Registration Reports.

† Calculated from the Annual Bills of Mortality.

‡ Calculated from the Burial Ground Register.

[1] Condensed from First Report of Health of Towns Commission, vol. i., pp. 125, 126 and 130.

[2] Including only Kensington, Strand, Whitechapel and Bethnal Green, but not the healthiest districts.

There seems to be a constant relation between the density of population and mortality, so that in two towns, with different densities, but in all other things equal, the number of deaths in one may be determined by the rate of mortality of the other. This relation is not that of regular progression, but the proportion of mortality in two places will be as the 6th roots of their densities. Thus, if three towns have severally 64, 4096, and 262,144 inhabitants to the square mile, the mortality in these will be as 2, 4, and 8, which are the 6th roots of these numbers. If stated algebraically, and if d represent the density of one, and d' the density of the others; and m the mortality of one, and m' the mortality of the others, the formula will be $m' : m :: \sqrt[6]{d'} : \sqrt[6]{d}$.

But there are many other circumstances, such as narrow and filthy streets, bad drainage, imperfect ventilation, poverty and bad habits of the people, that co-operate with the density of population and increase the force of mortality. Comparing two districts of London, which combine the differences of social and physical condition with the difference of density, we find a greater discrepancy of mortality than would be produced by the difference of densities alone.[1]

Districts.	Persons to sq. m.	Persons to a house.	Average Prop'ty to 1 Person.	Mortality of Females.	Expectation of life at birth.
St. George, Hanover Sq.	39,018	8.1	£9 2s.	1.7	38.5 yrs.
White Chapel,	127,313	8.7	£2 16s.	2.9	32.4

Villermé, in the Annales D'Hygiene, July, 1830, shows that wealth, independent circumstances, and misery, constitute in Paris the principal causes of the differences in the rate of mortality.[2]

In six best arrondissements, in which the localities had an average value of 290 francs, the deaths were 1 in 65 of the living; but in six other arrondissements, in which the localities had an average value of 206 francs, the deaths were 1 in 51.[3]

[1] Registrar-General's Fifth Report, p. 424 and 443.
[2] Quetelet on Man, book i., chap. vi.
[3] Villermé in Annales D'Hygiene, tom. iii., p. 310 and 312.

Benoiston de Chateauneuf, in an article upon the influence of Wealth and Poverty on Mortality, states [1] that the annual deaths among 10,000 living, were, in Paris,

Age.	Rich.	Poor.	Age.	Rich.	Poor.
30 to 40	108	157	60 to 70	360	750
40 to 50	117	213	70 to 80	804	1,436
50 to 60	199	359	80 to 90	1,322	10,000

Probably the difference is still greater in the earlier ages, and especially in infancy.

The effect of seasons on mortality is different in city and country, as shown by the following table, calculated from 1,770,260 deaths in Belgium,[2] and from 210,578 deaths in the States of Massachusetts and New York,[3] and the cities of Boston [4] and New York.[5]

Ratio per ten thousand of all Deaths.

SEASON.	BELGIUM.		MASSACHUSETTS AND NEW YORK.	
	City.	Country.	City.	Country.
January,	1,158	1,212	795	711
February,	1,088	1,198	770	750
March,	1,050	1,192	809	837
April,	1,002	1,120	777	787
May,	946	978	743	718
June,	901	882	721	671
July,	874	809	992	787
August,	910	822	1,059	1,083
September,	971	888	939	1,171
October,	999	934	816	954
November,	1,084	935	762	739
December,	1,076	1,030	816	773

[1] Annales D'Hygiene, tom. iii., p. 12.

[2] Quetelet on Man, book i., chap. v.

[3] Registration Reports of Massachusetts, 1842 to 1848; and of New York, 1847.

[4] Shattuck's Census of Boston.

[5] Bills of Mortality of New York, 1838 to 1842, and 1844 to 1848.

Ratio of Mortality, according to season, per ten thousand of all.

PLACE.	WINTER—NOV. TO APRIL.		SUMMER—MAY TO OCT.	
	Deaths.	Ratio.	Deaths.	Ratio.
BELGIUM.				
Cities,	330,793	5331	289,602	4668
Country,	640,685	5571	509,180	4428
	971,478	5487	798,782	4512
UNITED STATES.				
Boston and New York,	61,146	4730	68,105	5269
Mass. and N. Y.	37,417	4600	43,910	5399
	98,563	4680	112,015	5319

The history of the progress of population of towns shows a corresponding increase of mortality.

Population, Mortality, and Longevity of Boston.

Periods.	Average Population.	Living to 1 Death.	Average Longevity.
1811 to 1820	38,542	47	27.75 years.
1821 to 1830	52,395	49	25.88 "
1831 to 1840	73,196	46	22.72 "
1841 to 1848	112,536	41	21.64 "

A similar table in regard to the city of Preston, England, is given by the Rev. Mr. Clay.[1]

Years.	Population.	Living to 1 Death.	Average Longevity.
1791	8,000	45	28.60
1811	17,065	48	19.99
1841	50,131	33	19.54

Making all due allowance for the difference of composition of the population in the city and in the country, there seems to be less vital force produced, disease seems to be more prevalent and

[1] First Report of the Health of Towns Commission, vol. i., p. 176.

fatal, death more frequent, and the expectation of life less in the densely inhabited towns than in the rural and open districts.

There are apparent, and perhaps real exceptions to this rule. The deaths in the city of St. Petersburgh, in Russia, were 2.7 per cent., while those in the province of St. Petersburgh were 4.09 per cent.[1] Quetelet says, that the expectation of life in Belgium, is, for boys, 21 years, in the towns, and 24 years in the country; but, for girls, it is 28 years in the towns, and 27 years in the country.[2]

It is generally supposed, that some of the compact and well-paved cities of new countries, as Louisville, Ky., Cincinnati, Ohio, St. Louis, Mo., &c., are more healthy than the surrounding and open country. This may be due, not to the density of the population, but to the prevention of the miasmatic exhalation by the buildings and pavements.

"Every population throws off insensibly an atmosphere of organic matter, excessively rare in country and town, but less rare in dense than in open districts; and this atmosphere hangs over cities like a light cloud, slowly spreading, driven about, falling, dispersed by the winds, washed down by showers."

"The exhalations from sewers, church-yards, vaults, slaughter-houses, cesspools, commingle in this atmosphere, as polluted waters enter the Thames, and, notwithstanding the wonderful provisions of nature for the speedy oxidation of organic matter in water and air, accumulate, and the density of the poison (for in the transition of decay it is a poison), is sufficient to impress its destructive action on the living."

"The existence in the atmosphere of organic matter is therefore incontestable; and, as it must be most dense in the densest districts, where it is produced in greatest quantities, and the facilities for decomposing it in the sunshine and sweeping it away by currents of wind are the least, its effects—disease and death—will be most evident in towns and in the most crowded districts of towns.

"It is to this cause, it appears to me, that the high mortality of towns is to be ascribed; the people live in an atmosphere charged

[1] Registrar-General's 5th Report.

[2] Journal des Travaux de la Société Française, de Statist. Univers., tom. iii., p. 698.

with decomposing matter, of vegetable and animal origin; in the open country it is diluted, scattered by the winds, oxidized in the sun; vegetation incorporates its elements, so that, though it were formed, proportionally to the population, in greater quantities than in towns, it would have comparatively less effect." [1]

NOTE F.—(PAGE 25.)

"Whatever produces pain or other inconvenience, is an improper stimulus."

"This peculiar, distinctive, or eclectic sensibility, is impaired by over stimulation. Persons who have never smoked tobacco, will generally be sick when they first begin to do so; but, after a short time, they can smoke pipe after pipe without inconvenience. When a man, for the first time, swallows a glass of spirit, his guardian angel, sensibility, tells him — not, indeed, in a language that can be heard, but in one far more impressive, a language that can be felt, as plainly as pain can speak — that raw spirit is an injurious spirit. Yet what does the fool do? He turns a deaf ear to the intimation which could be, by possibility, no other than a friendly one, and obstinately perseveres till the voice that warned him warns him no more. Then, with a folly scarcely less than idiotic, he exclaims, Behold, it does me no harm. It gives me no pain. It gives me no inconvenience! Thus appealing, in his defence, to the silence of that voice which he has himself *forcibly* silenced." [2]

NOTE G.—(PAGE 33.)

Dr. Samuel G. Howe, in his valuable report on the idiots of Massachusetts, printed by order of the Legislature, Feb. 1848, says, "If ever the race is to be relieved of a tithe of the bodily ills which flesh is now heir to, it must be by a clear understanding of, and a willing obedience to, the law which makes parents the

[1] Registrar-General's 5th Report, pp. 418, 419.

[2] Life, Health and Disease, by Edward Johnson, M.D., London, pp. 109 to 111.

blessing or the curse of the children, the givers of strength and vigor and beauty, or the dispensers of debility and disease and deformity. It is by the lever of enlightened parental love, more than by any other power, that mankind is to be raised to its highest attainable point of bodily perfection." [1]

The same report contains many striking facts that show the connection between the organization and health of the parents and those of the children.

Five hundred and seventy-five idiots were examined, and their parentage and history ascertained, and a large proportion of their parents were found to be diseased or of imperfect organization.

Of the 575 idiots, 419 were known to be of decidedly scrofulous families; 144 were children of parents who were known to be habitual drunkards; 50 were children of idiotic or insane parents, on one or both sides; 12 were children of parents who were advised to marry on account of ill health; 211 had near relatives who were idiotic or insane.

"In 15 families, all the children who were born of one marriage were idiotic or very puny, while all those who were born of another marriage of the surviving *healthy* parent, with a healthy person, were sound in body and mind." [2]

"The statistics of 17 families, the heads of which, being blood relatives, intermarried, tells a fearful tale." "Most of the parents were intemperate or scrofulous; some were both the one and the other; there were other causes to increase the chances of infirm offspring, besides that of the intermarriage. There were born unto them *ninety-five* children, of whom FORTY-FOUR were idiotic, twelve others were scrofulous and puny, one was deaf, and one was a dwarf! In some cases, all the children were either idiotic or very scrofulous and puny. In one family of eight children, five were idiotic." [3] Of the 95 children, 58 were imperfect, and only 37 were healthy.

"There can be no question that intermarriages between the collateral branches of the same family tend more than any thing else to fix, multiply and aggravate hereditary predisposition,"

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[1] Page 57.
[2] Dr. Howe's Report, Appendix, p. 45.
[3] Ibid., p. 90.

"and hence nothing can be wiser, on physical as well as on moral grounds, than the restraints which divine and human laws have concurred in laying on marriages between relatives."[1]

"Another practical inference is the propriety of avoiding matrimonial alliances between families possessing the same hereditary taint, and generally of forbidding all such alliances between kindred families, for few are free from some congenital weakness or susceptibility."[2]

In the reports of some of the Lunatic Hospitals of America and Europe, the history of the patients is given. The following table shows that many of them inherit their disorder from their ancestors.

Hospitals.	Patients whose history is known.	Patients whose disease is hereditary.
American Hospitals,[3]	7,615	1,788
English and Scotch Hospitals,[4]	1,156	81
French Hospitals,[5]	2,812	680
	11,583	2,549

In this connection, Esquirol says,[6] "The hereditary taint is the most common cause of insanity among the wealthy; it produces one sixth of the lunatics among the poor. It is remarkable in England, especially among the Catholics, who always intermarry.

"What a lesson for those parents, who, in marrying their children, consult their ambition rather than the health of their posterity."

"No fact is more incontrovertible than that insanity * * or a predisposition to mental derangement, when it has once arisen, is susceptible of being transmitted. To this, every author bears

[1] Good, Study of Medicine. Art. Genetica, vol. iv., p. 27.

[2] Joseph Brown, in Cyclopedia of Practical Medicine. Art. Hereditary Transmission of Disease.

[3] Reports of Lunatic Hospitals at Worcester, Mass., Utica and Bloomingdale, N. Y., Concord, N. H., Hartford, Ct., and Columbus, Ohio.

[4] Reports of Hanwell, Lancaster and Dundee Hospitals.

[5] Esquirol. Maladies Mentales, tom. i., p. 64, and ii., pp. 144 and 683.

[6] Des Maladies Mentales, tom. i., pp. 64, 65.

testimony, and the records of every institution corroborate their statements."[1]

"The hereditary predisposition to scrofula, consumption, gout and insanity, is essentially a part of the medical creed.

"Idiocy is unquestionably hereditary.

"Beside these very common examples, various other diseases, such as asthma, angina pectoris, a general hæmorrhagic disposition, apoplexy, epilepsy, and various nervous disorders, blindness and deafness, not congenital, and according to Dr. Adams, elephantiasis, are transmitted in predisposition, from generation to generation."[2]

"That pulmonary consumption is a hereditary disease; in other words, that the tuberculous constitution is transmitted from parent to child, is a fact not to be controverted."[3]

"A deteriorated state of health in the parent, from any cause, to a degree sufficient to produce a state of cachexia, may give rise to the scrofulous constitution in the offspring."[4]

"We never see parents in an unhealthy state, whatever may be its nature, without finding, at the same time, that their children are strongly predisposed to tuberculous disease."[5]

"The children of those who have suffered long from dyspeptic complaints, gout, cutaneous affections, or any other form of chronic disease, originating in derangement of the digestive function, are very frequently the subjects of scrofula, or of disorders which dispose to, or ultimately induce, tuberculous cachexia."[6]

"In order, therefore, effectually to prevent the extension of the tuberculous disease, we must, in the first place, direct our attention to the state of the parents."[6]

"The hereditary transmission of physical and moral qualities, so well understood and familiarly acted on in the domestic animals, is equally true in man.

"All the native deformities of mind and body, which spring up so plentifully in an artificial mode of life, are handed down to

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[1] Dr. Awl, in Report of Ohio Lunatic Asylum, for 1847, p. 55.

[2] Joseph Brown, in Cyclopedia of Practical Medicine. Art. Hereditary Transmission of Disease.

[3] Dr. Clark, on Consumption and Scrofula, p. 220.

[4] Ibid., 222.

[5] Ibid., p. 223.

[6] Ibid., p. 269.

posterity, and tend by their multiplication and extension to degrade the race."[1]

"Not only are wit, beauty and genius, propagable, but dulness, madness, and deformity of every kind.

"That fearful host of diseases, gout, consumption, scrofula, leprosy, and madness, which originated, perhaps, in the first sufferer accidentally, are propagated so deeply and so extensively that it is difficult to meet with a family that is totally free from hereditary taint."[2]

The effect of early marriage upon the health and longevity of the offspring is seldom considered, but the following facts show that this is a very important consideration.

In England, the deaths of children whose mothers were married between the ages of 13 and 16, were 444 per 1,000; and of those whose mothers were married between the ages of 29 and 32, only 313 per 1,000.[3]

Two sevenths of the children of peeresses who were married under 16, died before they reached the marriageable age; while only a fraction more than one sixth of the children of those who were married between the ages of 24 and 27, died before this period of maturity.[3]

The permanent increase of population was about 50 per cent., 450 to 315, greater in the families in which the mothers married between 24 and 27, than in those in which they married between 12 and 15.[3]

NOTE H.—(PAGE 36.)

The government of the State of Massachusetts, from the year 1817 to 1848, granted to the Agricultural Societies, $130,989. This money is principally expended in premiums for the successful growth and improvement of animals and vegetables of various kinds, or for the encouragement of, and reward for, the attention paid by individuals to the enlargement of the life and the increase of the vital force of these lower orders of beings.

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[1] Lawrence on Man, p. 459.

[2] Good, Study of Medicine. Art. Genetica, vol. iv., pp. 26, 27.

[3] Saddler. Law of Population, vol. ii., pp. 274, 281.

According to the standing law of the State,

SECT. 1. "Every incorporated agricultural society, which shall have raised, or may hereafter raise, by contribution of individuals, and put out at interest, on public or private security, the sum of one thousand dollars, as a capital stock for the use of such society, shall be entitled to receive, in the month of October annually, out of the treasury of the Commonwealth, the sum of two hundred dollars, and in that proportion annually for any greater sum so contributed," &c.

SECT. 4. "Every agricultural society which shall receive the said allowance from the public treasury, shall offer annually, by way of premiums, or shall apply otherwise, at their discretion, for the encouragement or improvement of agriculture or manufactures, a sum not less than the amount received as aforesaid, out of the public treasury,"[1] &c.

In 1848, the nine societies that draw funds from the State, offered in premiums, 5,806 dollars for improvements in agriculture, 593 dollars for manufactures, and 400 dollars in discretionary premiums. The Annual Transactions of the Agricultural Societies of Massachusetts, published by the State, for 1848, contains[2] a list of all the objects for which these premiums were offered and given. They include improvements in the vitality of the various animals and vegetables that are desirable to the farmer, and also the removal of the obstacles to their most perfect development and growth.

NOTE I.—(PAGE 40.)

Longevity and mortality have not been always stationary. In general, they have varied with the progress of civilization. As the external circumstances and domestic condition of mankind have improved, vital force has increased and life has been expanded.

In ancient Rome, the expectation of life among the best classes,

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[1] Revised Statutes, chap. xlii.

[2] Report, 186 to 189.

was at birth, 30 years, which is 15 years less than the same classes in England, and 12 less than in France.[1] In all civilized countries from which data can be obtained, with the exception of three,[2] the mortality has evidently diminished and longevity increased.

Between the ancient Romans and the present generation in England and France, the following shows the advancement of the mean of longevity.[3]

Age.	Ancient Italy.	England.	France.
	yrs.	yrs. ms.	yrs. ms.
20	30	41 6	39 3
30	25	34 4	28 6
40	20	27	22 10
50	9	21 1	17 3
60	5	14 4	11 11

"In the 16th century, half of the children that were born, died at or about the age of 4 years 11 months, and the average duration of life was 18.5 years. In the 17th century, one half died at the age of 11 years 7 months, and the mean longevity was 27 years 2 months. In the 18th century, one half were dead at the end of 27 years and 2 months, and the mean duration of life was 32 years and 2 months. In the 19th century, this progression was much increased."[3]

At the present time, 17 per cent. of the children who are born in Prussia, die in their first year. Not many years ago, it was deemed satisfactory if only 40 per cent. died in the same period."[4]

Some parishes of York, Eng., have been much improved, by widening some of the streets, taking down the projecting houses which almost met at the upper stories, by paving and draining, &c. Consequently mortality diminished, and in the parish of St. Helen, Stonegate, the mean age at death increased from 23.4

[1] Saddler. Law of Population, vol. ii., p. 480.

[2] The mortality has remained the same in Russia and Norway, for 30 years. It has increased in the kingdom of Naples.—*Journ. des Trav. de la Soc. Francaise, de Statist. Univ.*, tom. iii., p. 314.

[3] Journ. des Trav. de la Soc. Française de Statist. Univ., tom. i., p. 83.

[4] London Statist. Soc. Reports, vol. ii., p. 364.

years, between 1816 and 1821, to 39.9 years, between 1839 and 1841; and in St. Michael, Spurrier-gate, from 28.8 years to 43.3 years, in the same periods.[1]

Very great improvements have been made in the advance of civilization, by removing the causes of endemic and epidemic disease. Villermé states,[2] that at Viarreggio, in Lucca, the population was small, miserable and unhealthy. They were subject every year to violent and fatal attacks of intermittent fever, until 1741, when a dam was built to keep out the overflow of the sea, and gates opened to let out all the drainage, but closed when the water of the sea rose to press against them. The fever disappeared at once, and now the population of this place has very much increased, and the people are among the healthiest, the most prosperous and industrious in Tuscany.

Some diseases, which were formerly prevalent and fatal, have very much diminished. Sydenham, speaking of the "numerous tribe of diseases comprehended under the general name of fevers," says, "This destructive tribe of diseases, which afflicts mankind daily, and destroys at least *two thirds* of the human species, except such as die of violent death—"[3] This class of diseases has diminished so much from the time of Sydenham, that, out of 1,692,251 deaths which took place in England and Wales, from all known causes, in the years 1838 to 1842, only 336,727, or one fifth, were from the whole tribe of endemic, epidemic and contagious diseases, including all fevers and many others.

"Civilization, which sweetens the existence of man, has also prolonged it: the progress of knowledge has contributed to the health of individual houses and the interior of cities."[4]

The deaths[4] in England and Wales were in

1700	one in	43	1806 to 1810	one in	49
1750	"	42	1816 to 1820	"	55
1776 to 1800	"	48	1826 to 1830	"	51

"France, like England, has experienced a diminution of mortality. According to Villermé,[4] it was computed that in 1781 one

[1] Dr. Thomas Laycock in Health of Towns Rep. vol. i., p. 240 and 243.
[2] Annales D'Hygiene, tom. ix., p. 9.
[3] Swan's Sydenham, chap. vii., § vi., p. 250.
[4] Quetelet on Man, Book i., chap. vi.

death took place in 29; in 1802, one in 30, and in 1825, one in 40 inhabitants."

"In Sweden, from 1755 to 1775, the mortality was one in 35; from 1775 to 1795, one in 37;[1]" and from 1816 to 1835, one in 42.[2]

"M. Moreau de Jonnes, in a note on the mortality of Europe, has presented a table which likewise tends to prove the influence of civilization on the numbers of deaths in periods the intervals of which have been marked by social ameliorations."[3] The following table is taken in part from that of Moreau de Jonnes, and in part from other sources.

Quetelet says in a note to this table,[4] "Several numbers must certainly appear to be doubtful." Every one which could be compared with the more reliable data of population and mortality is found to be inaccurate. The more rigid deductions from the numbers of the living and the deaths in Sweden, Denmark, Prussia, England, France and Lombardy, at the later period, are therefore substituted here.

Countries.	Years.	One death to	Years.	One death to
Sweden,[4]	1751 to 1770	35.49	1816 to 1835	42.
Denmark,	1751 to 1754	32.	1835 to 1839	46.2*
Germany,	1788	32.	1825	45.
Prussia,	1717	30.	1839 to 1841	35.4*
Holland,	1800	26.	1824	40.
England,	1690	33.	1837 to 1844	45.6*
France,	1776	25.5	1832 to 1841	39.9*
Canton de Vaud,	1756 to 1776	35.	1824	47.
Lombardy,	1767 to 1774	27.5	1834 1837 1840	29.4*
States of the Church,	1767	21.5	1829	28.
Scotland,	1801	44.	1821	50.

[1] Quetelet on Man, book i., chap. vi.

[2] Calculated from a table in Milne on Annuities, and in 5th Rep. Reg. Gen.

[3] These statements are given as they are found in Quetelet. He gives them on the authority of Rickman and Marshall, who are not ordinarily to be questioned. But these numbers are the results of estimates in part, and the more recent facts developed by the registration show the mortality to have been greater than was supposed.

[4] Calculated from tables in 5th Rep. Reg. Gen.

The amelioration of the condition and the improvement in vitality in some cities has been still greater. The most remarkable is shown in the records of the mortality of Geneva, prepared and published by Mr. Edward Mallet, and quoted by Mr. Chadwick.[1]

The Probabilities of Life to every individual born, were	Yrs.	Ms.	Ds.	Proportionate rate of Increase as compared with the end of the 16th Century.	
Toward the close of 16th Cent'y	8	7	26	100	
In 17th Century,	13	3	16	153	53 per cent.
1701 to 1750,	27	9	13	321	221
1751 to 1800,	31	3	5	361	261
1801 to 1813,	40	8		470	370
1814 to 1833,	45	0	29	521	421

In some cities the effect of these ameliorations has been more than counterbalanced by the effect of the increase of density of population, as in Boston and Preston, before quoted.

In New York, during forty-four years, there has been a small increase of mortality, notwithstanding the introduction of water and other improvements. The growth of that city has been rather by expansion than by condensation.

Mortality of New York at various Periods.

Years.	Average Population.	Deaths, 1 in	Per Cent.
1805 to 1820	98,186	40.62	2.46
1821 to 1830	164,616	38.44	2.6
1831 to 1840	263,919	35.24	2.83
1841 to 1848	360,732	35.17	2.87

The facts gathered by Dr. Noah Webster, and published in his History of Epidemic Diseases, show that these have become less frequent and fatal with the progress of civilization, and consequently there have been great improvements in health and decrease of mortality since the middle ages, and especially within the last two centuries, throughout the civilized world.

The plague, which was very frequent and fatal in various parts of Europe previous to the eighteenth century, has appeared but

[1] Sanitary Report on the Laboring Classes, p. 175.

rarely within the last hundred years, except in the Levant and in other countries bordering on the Eastern Mediterranean Sea.

The yellow fever has ceased to visit most of the places in which it formerly appeared. Other fevers of a malignant nature, which formerly prevailed as epidemics, with destructive force in many places, now seldom appear, except as sporadic cases and with comparative harmlessness.

The virulence of scarlatina, measles, anginas, influenza, and some other diseases, has yielded to a milder form of these disorders, and consequently the mortality from these causes is diminished.

Fifty years ago, Dr. Webster said,[1] "the disappearance of the long fever, so called, is another most consoling circumstance. This species of typhus fever was formerly one of the most terrible diseases of our climate. At present it is a rare occurrence.

"On the whole, we have a very clear proof, that the *quantity of disease*, in this country, has been diminished within half a century. The yellow fever, that is, the pestilential fever of summer and autumn, was formerly as frequent and as malignant as in this age, while the inflammatory fevers of winter and the long fever have almost disappeared as epidemics. The intermittents and remittents of autumn are greatly decreased in the northern States; and the dysentery has not increased in frequency or virulence. Anginas have never been so fatal as they were between 1735 and 1743.

"It is probable that some of these changes in the character of diseases may be ascribed to alterations in our climate or modes of living, and therefore may be permanent."

The ameliorations of disease have been greater within fifty years than in any previous period. These improvements relate to epidemic diseases which prevail generally for longer or shorter periods, through any district or country. Many of them are owing to changes in the face of the earth, clearing of forests, drainage, cultivation, &c. But many more of them are due to the changes in the manner of life, the arrangement of towns, the structure of houses, and the personal habits of mankind.

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[1] History of Epidemic Diseases, vol. ii., p. 37, published in 1800.

The same regard to the laws of life must cause still further changes in the manner of living and personal habits, and these may diminish the attacks, lessen the force and disarm the virulence of sporadic as well as of epidemic diseases; and thus the amount of vital force and the longevity of man will increase, until, in the progress of generations, we shall attain to the largest expansion and longest duration of life intended for humanity on earth.

ARTICLE II.

MEDICAL EDUCATION.

BY ANDREW MACKIE, M.D.

OF NEW BEDFORD, FELLOW OF THE SOCIETY.

Read at the Annual Meeting,
May 29, 1850.

Si quid novisti rectius istis
Candidus imperti; si non, his utere mecum.
Hor. Epist. Lib. 1, 6.

MR. PRESIDENT AND MESSRS. FELLOWS OF THE MASSACHUSETTS MEDICAL SOCIETY,

"TIME, on his noiseless wing, pursues his rapid flight;" and it has fallen to our lot to live, not only at a most interesting and eventful period in the history of the world, but our lines have also verily fallen to us in pleasant places. On the midnight darkness, one star after another star has dawned in rapid succession, until the whole firmament is bespangled with brilliant glimmerings, and the way has been prepared for the great luminary to send forth the radiant blush of the morning; and, towering on high in his resplendent course, now to shine upon us in his meridian splendor. Living under the full blaze of such glowing effulgence, duties, fraught with extensive and momentous responsibilities, devolve upon us, the members of the medical profession. To our wisdom and guardianship are confided the health and lives of

our fellow-beings. To our vision is unclosed every pathway which ascends the hill of science, and which leads to fields of usefulness and scenes of happiness; and, in whatsoever pursuits we may be engaged, every individual may attain to the accomplishment of his wishes. No one has an excuse to loiter in indolence, and to grovel in obscurity. "The road where honor travels lies open to all;" and, if pursued with industry and prudence, whosoever will may obtain a prize, and crown his brow with a bright and glowing chaplet of renown.

With what wonder and amazement, as we contemplate the scenes around us, do we behold and admire the high degree of perfection to which the genius of man has advanced the arts and the sciences! Well may it now be said, that the rude efforts of nature have yielded to the refining polish of art and science, and that human ingenuity and invention seem almost ready to compete with infinite wisdom and power. To us it is given to measure space by time, rather than distance; and, on this auspicious morn, when, with the man of wisdom, we can exclaim, "Lo! the winter is past, the rain is over and gone; the flowers appear on the earth; the time of the singing of birds is come, and the voice of the turtle is heard in our land;" when, with such benevolent admonitions to inspire our hearts with deep emotions of gratitude and love to the Preserver of our lives and the Giver of all good, it is our privilege, in the twinkling of a moment, to leave our places of abode; and here, in this enlightened and beneficent city, where —

"Learning's ensigns ever float unfurled,"
Here in the Athens of the Western World; —

here, I say, it is our privilege to assemble on this interesting anniversary, to behold each other's faces, to form and renew acquaintances, to interchange kind sympathies and friendly salutations, to strengthen mutual confidence, and inspire increased ardor; that, with renewed vigor and augmented courage, we may return to our respective spheres of activity; and there, with honor to ourselves and benefit to our friends, resume our professional labors, and in faithfulness perform the responsible duties which we may have to encounter in our pursuits.

On this particular day, no man fails to remember that —

"Again the silent wheels of time
Their annual round have driven;"

and, as we look over this assembly, we find that several of our number, who have been accustomed to meet with us on this joyous occasion, are not here.

"Friend after friend departs."

Their stream of life has ceased to roll, and they now sleep the sleep that knows no waking. Why this absence? Why are not all present to participate in our festivities, and to join in our salutations? Why is it that —

"Never more on the earth
Shall their voices swell the cadence of music and mirth;
Never more shall their forms, that so manfully moved,
E'er gladden the hearts of the friends that they loved"?

As in previous years, the angel of death has been amongst us, doing his accustomed work. Several of

our number have fallen victims to the shafts of the fell destroyer. It has been their lot to add to the countless illustrations of the remark, that —

> "The spider's most attenuated thread
> Is cord, is cable, to man's tender tie
> On earthly bliss."

Human skill could not save them from death's unrelenting demands. They have finished their work upon earth; they have closed their eyes upon the busy scenes of activity; their dream of life has ended; their bodies have gone down to the silent embrace of the dark and narrow tomb;

> "Softly they lie and sweetly sleep
> Low in the ground;"

and their spirits, in obedience to the wise and mysterious mandates from Heaven's High Chancery, have returned to their merciful Creator.

> "To these the ruins of the world survive,
> And through the rounds of endless ages live."

To his wise and munificent care we joyfully confide them; and, inasmuch as they have left us an example worthy, we will endeavor to imitate their illustrious virtues, and strive so to live, that, in our death and departure, we may leave much to console and encourage those who may survive us, and to whose care we may entrust the future prosperity and usefulness of the society of which we are now the living and active members.

Our sympathies would here constrain us to pause, and portray the virtues and characters of our departed

friends and fellows. But that privilege we must leave for other occasions, and pass on to meet and discharge the duties which have called us now to assemble.

In my efforts this day to respond to your call, and to perform the labors which you have assigned me, you will exercise your forbearance and grant your indulgence, while I offer some reflections on the subject of medical education, in connection with the mental endowments, the mode of instruction, and the importance of sustaining the profession in its integrity, and those high literary attainments which give it character and influence, and which entitle it to confidence and respect.

A learned professor, at one of our medical colleges, says, "Within the last century, our profession has been advancing in its claims and merits beyond all precedent, and yet has declined in public estimation. Mankind appear to have but little more respect for it now, than in the days when medical science was but a jumble of superstition and empiricism, and when practitioners were banished from Rome as public pests. To make such an acknowledgment is disagreeable; but, if the contemplation of the picture should lead to an effort to correct the evil, and bring about a better state of things, the confession may prove salutary. Mortifying as this declaration is to those intimately identified with this maltreated profession, it is very true that the most learned, morally eminent and excellent, in the ranks of medical practitioners, are not placed higher, in the minds of the great public, than natural bone-setters, seventh sons, or

itinerant mesmerizers. A few, indeed, in all communities appreciate a cultivated understanding, and honor talents and science; but the multitude of men and women care no more about educational qualifications, genius or experience, in a physician, than they do about the police regulations in the planet Mars. A doctor is a doctor to them the world over. The more he lowers himself to the vulgar level, the higher place he has in their estimation. The condition of the present exhibits quite as many absurdities in their vigor as environed past generations. Medicine offers finer opportunities for a hypocritical display of humanity than any which pretends to administer to the temporal wants or necessities of our nature; and hence it has been cursed, from the birth of the father of physic, with armies of knaves. But ignorance is in the majority, and with a stentorian voice hails with delight the approach of a quack, because he is not trammelled or embarrassed by the dogmas of schools. No: he is a freeman, addressing himself to those who imagine they are themselves capable of appreciating merit or detecting imposture, when the fact is they are not capable of one or the other." — Could we say the above was an overdrawn picture of a heated imagination, rather than a candid statement of plain truth, it would be far more flattering to our wishes, and agreeable to our feelings. It does, indeed, accredit much to the industry and efforts of the members of the profession; while, on the other hand, it presents an obscurity in the perspective, enough so, seemingly, to dishearten and discourage from continued effort in

attempting to achieve what our predecessors have desired, and what they have labored with assiduity to accomplish. Yet, notwithstanding all of these unpromising presages, we will not abandon the cause, but hope on, and with renewed energies attempt to wipe away its reproaches, and raise it to its own dignified elevation. The science of medicine is an exalted subject of intellectual labor; one of worth, dignity, and consideration, among every respectable class in society.

The subject of medical education is one of deep interest, not only to those in the profession, but to every member of the community. Already is it beginning to receive that attention in the different sections of our whole country, which indicates better things, and inspires a hope, that, ere long, the educational requirements may be so much advanced that none shall be admitted to practise the healing art, excepting those who shall have studied the allotted time, and who shall give evidence also that they possess those attainments in knowledge, in skill and integrity, which shall rightfully entitle them to the confidence of the profession, and of those also who may need the aid of the physician and surgeon.

When we consider in what manner multitudes are hurried into the profession, and that too so undeservedly; when we see how and where the degree of M.D. is conferred, without scarcely a pretence of merit; nay, more, when many are appending to their names this title of distinction, without even going through with a form of preparation; and when we remember how our

whole land is overrun with quackery, and deluged with nostrums, both patent and not patent, — the time has most assuredly arrived for those who have been educated, who know and rightfully estimate the duties and responsibilities of the profession, to whom also is confided the guardianship of the public health, and who alone are qualified to judge in so important interests, — the time, I repeat, has fully come, when renewed and special efforts should be put forth to ascertain the extent, and arrest the progress, of so general and destructive evils.

On the subject of education, there will necessarily be entertained a great variety of opinions as to modes, while all will be of one mind in their estimation of what constitutes the information both desired and needed. Free and candid discussion, in matters of difference in opinion, is the only right way to develop the truth; and, if aught may this day be suggested which shall aid in advancing what we all so much desire, it will be an ample remuneration for every effort and for every sacrifice.

A brief reference to the process by which young men are introduced into the profession will prepare the way to demonstrate some of the objections to the present system of education, and to make some suggestions whereby it may be improved, and likewise aid in securing a profession more enlightened, and better prepared for its duties.

Without special reference to natural talents or preliminary preparation, it is too often that many commence the study of medicine, without any good and

sufficient reason to expect much success or benefit in the enterprise.

"Not every bud that grows
Shall bloom into a flower;
Not every hope that glows
Shall have its prospering hour:
A blight the bud may sever,
The hope be quenched for ever."

Too many, like young Scroggins, enter the doctor's office to prepare themselves for our noble and responsible profession. Says the country doctor, "On my return home, after having gone the rounds, and witnessed scenes of the most thrilling interest, on going into my office I found a person there who had been waiting two hours on important business. This was a young man, apparently about twenty-one years of age, rather below the middling height, with bow legs, long nose, retreating chin, and not a tooth in his head. He was exceedingly bashful; and my entrance threw him into such confusion that I was compelled to busy myself about something, in order to give him time to recover himself. When I looked at him again, his face was covered with frequent flushes, and wore an expression of pain, which led me to think he was ill with the colic.

"'Is the pain *here?*' said I, applying my hand to my stomach.

"'No.'

"'Is it here?' — 'No.'

"'Are you ill? Speak out, young man! If I can assist you in any respect, it will afford me much pleasure.'

"This encouraged him a little; and, with much stammering and blushing, he said, 'I want of you to learn *doctoring*.'"

Without being able to appreciate the extent of the study and the duties of the practitioner, young men pass their season of pupilage under the direction and teaching of the nearest physician. During this period, they attend — where it can be done with the least expense, and without much reference to the advantages — two courses of medical lectures, and receive the degree of M.D.; and then, ***with this testimonial alone***, are admitted in full fellowship into a medical society, to be entitled to all of its privileges and honors and benefits, and to help in forming the character and reputation of the profession.

I was very favorably impressed on reading, last year, a report and resolution, made and adopted by the Medical Association of the District of Columbia respecting the preliminary requirements of medical students; viz. "No member of this association shall receive any one into his office, as a student of medicine, without a certificate from the counsellors, that he has been examined, and found qualified to commence the study of medicine; and it shall be the duty of the counsellors, before granting such certificate, to satisfy themselves that the applicant is of good moral character; that he has received a good English education, including an intimate knowledge of the construction of language, and a correct orthography; that he is well acquainted with the elements of natural philosophy, embracing the elementary principles

of mechanics, optics, acoustics, pneumatics, and hydraulics; the elementary mathematical sciences, including algebra and geometry; and that he possesses a competent knowledge of the Latin and Greek languages." This seems to be laying the axe at the root of the tree, and checking the evil at the commencement. A system of action in conformity to this would prevent much regret and disappointment. This is one of those cases eminently calling for prophylactic treatment, where it is much easier to prevent than to remove an evil. Most assuredly, such a course can but commend itself to all interested. Far more preferable would it be to have a young man discouraged and rejected, before he may have wasted his time, and spent his money, than, at the last extremity, to reject him, or admit to the profession those who never can become good and competent practitioners, and who wish to engage in the profession simply because they have good reason to suppose that they cannot succeed satisfactorily in any thing else. The present loose practice of admitting so indiscriminately to the study of medicine all who may fancy to become doctors is the *wide door wide open* through which so much reproach and discredit is brought upon the profession. By having recourse to some such system as the above, a smaller number would enter on the study; and none would be encouraged to pursue it, excepting such as might give a reasonable and encouraging prospect of success. Should it be objected that this course would be conferring too much power, in answering we have to say, it is not increasing, but merely changing the

time, and exercising it when it can be done most advantageously.

It is a remark made by some, and believed by quite too many, that a moderate endowment by nature is sufficient for all the purposes of the profession of medicine. This limited and mistaken view is entertained, not only by some who consider themselves candidates for its labors and honors, but by multitudes who are in confident expectation of receiving and enjoying its benefits. They alike have no adequate conception of the labors and anxieties and responsibilities of a physician's situation and duties, beyond what is seen with the eye of prejudice through a misty atmosphere. They suppose his labors to be, with a kind of nonchalance, to ride through the streets, making occasionally a pleasant and social call, and now and then to be disturbed at the season which invites to sweet and refreshing repose; and, if need be, sometimes to endure an exposure to the inclemencies of the contending elements, made furious by the raging storm. They take not into consideration, that the life and health and happiness and welfare, not only of an individual, but of whole families and the community at large, depend on the attention and skill of the attending physician. "They have never felt the high responsibility of the physician's vocation, when called upon to render some sacred service, — perhaps to enter within the precincts of the penetralia, with a grasp of the hand, and a look which seems to say, 'I confide to your skill and knowledge my all of earth. Fail not, I beseech you, to summon all

your powers, I conjure you to command all your skill, to relieve distress, to abridge agony, to augment happiness, and prolong life; and you shall have your reward.'" Neither can they ever know, until experience teaches, the many anxieties and perplexities which sometimes attend the treatment of disease, nor the mortification which the most discreet and skilful may have to encounter — and that, too, most undeservedly — through the inconsiderate and hasty judgment of those who, without knowledge and prudence, are always ready to condemn and vituperate. Neither do they know the constant solicitude which attends the first efforts of the youthful practitioner. To this plea of limited talents, some resort to conceal their own deficient qualifications, and to impose on the unsuspecting the grossest deceptions of quackery in all of its specious ostentation. Others are led to imbibe and entertain the mistake, because of the unobtrusive and unostentatious manner in which the medical man uses his knowledge, practises his skill, and discharges the round of his important duties. He is not called upon in a public manner to make a brilliant display of natural or acquired abilities. Seldom does he have occasion to become a public declaimer; yet often is he required to exhibit knowledge acquired by the most diligent study and profound research, and that, too, without the outward show which so often excites both admiration and applause. Neither at the forum, nor in the desk, nor on the rostrum, does he have an opportunity to make a brilliant exhibition of refined elocution; but in his

retirement, where he studies and learns the structure and economy of the noblest work of God, and in scenes of sickness, where, all hushed in silence, interrupted only by the expressions of suffering and sympathy, he is called upon to use the knowledge and wisdom and skill of the good and learned physician to repair the ravages of disease, and to restore to a healthy action derangements occurring in the most delicate functions of the complicated mechanism of infinite wisdom, — in such scenes and conditions it is where he needs to be able to summon to his assistance the aid of the highest attainments which the best cultivated endowments of nature ever can confer and afford. The necessity of a mind capable of extensive research and comprehension is at once apparent also, when we take an extended view of the numerous subjects to be studied and understood, and the various duties the medical practitioner has to perform. Contemplate the structure and economy of man, in all his delicate and complicate mechanism; go back to primeval days, when the whole subject was enveloped in darkness and obscurity, and trace the wonderful discoveries which human genius has unfolded to the understanding and comprehension of the student; consider the mysterious process of reproduction, how the embryo is perfected and fitted to become the residence of the soul; study the intimate relationship between matter and mind; see how beautifully and aptly the numerous articles of sustenance are prepared and converted to supply the demands of nature; witness the economy of respiration, and trace the rounds

of the circulation of the blood, in all of its intricate and delicate coursings and changes, in order to nourish and supply the wastes of the body; see how man is recovered from wasting sickness, and restored to invigorated health, — how he is reclaimed from the brink of the grave, again to gladden and to sympathize with his friends in their social enjoyments; nay, more, with wonder and amazement, look upon and duly appreciate what has been done and achieved in this our day by a citizen of Boston, and justly estimate the discovery which disarms the surgeon of his terror, and under the influence of which the patient can endure his operations; while, in balmy repose, his mind ranges through regions of enchanted beauty, and revels in the delights of a celestial elysium; recollect, also, how that sentence, dooming to sorrow and anguish the most delicate, beautiful, and lovely work of creating wisdom, is so far ameliorated, that the mother, comparatively without suffering, is enabled to embrace her darling offspring, and, with her heart full of love and happiness, fully to realize all of her fond anticipations. Let considerations like these be brought before the mind and understanding, and no individual can again judge so erroneously or think so meanly of what man ought to be, in his natural endowments, to fit him for the study and the practice of that profession which is so intimately connected with the life and health, and the weal and woe, of his fellow-beings.

The quotation respecting preliminary preparation which has been made, has very much anticipated

what might be said on that department in the course of study. I can but hope it may receive an attentive consideration and cordial approbation by the whole faculty. It certainly is as much a duty to use means for *preventing* evils, as it is to devise appliances for remedying them. It is inconsistent to complain of trials and provocations, and not put forth an effort to remove what is unpleasant to encounter. The power and means to improve the education of the profession is very much within and under the control and direction of the Society; and, by united and persevering energies, measures may be adopted and pursued which will check the introduction of so many practitioners, deficient in both genius and knowledge. To the Society is intrusted the *quo modo et quantum* of instruction; and no one can object to its taking cognizance of, and deciding concerning, the preliminary preparation, any more consistently than they can object to its control over the period of pupilage, and its power to decide on the qualifications, when the student shall have completed his time, and gone through with the studies assigned. In our common schools and colleges, preparation is required and judged of by appointed agents. Some regular system is needful to sustain order, and secure the best advantages of those institutions. The whole study of literature is progressive, and in proportion to the proficiency in the present will be the success in the future. Between the preliminary and successive studies there must be necessarily blended that intimate union which can never admit of a disconnection.

Each department requires careful attention in its appropriate season. The student in medicine should be familiar with both the dead and living languages; and then he will be enabled to hold free and familiar intercourse with the fathers and founders of our science, and also to enjoy an unrestrained access to the literature of modern ages. Thus qualified, he may range through and explore the expanded regions of science, and accumulate a rich supply of such knowledge as he may find needful and beneficial in practical life. He ought to commence his course of professional studies with his mind well disciplined, and its energies well concentrated. With such preparation he will be ready to investigate with system and discrimination the science of anatomy and the intricacies of physiology, and to judge between the many and too often contradictory theories of health and disease. No other study proffers so many temptations to draw off the mind from matters of fact, and to embarrass it with the wild vagaries of an excited imagination. After acquiring a thorough knowledge of the mechanism of the human body, he can no longer be guided by plain matter of fact and mathematical demonstration; but, in the mazes of hypothesis, he is left to pursue his course enlightened and guided by his own experience and observation, and such information as he may have gathered from the study of what others have learned and recorded for the benefit of themselves, their associates, and their successors. In professional life he will be called to decide and act on the impulse of the moment; and,

for such emergencies, what can better prepare him than a mind early trained to habits of calmness and promptitude?

Having thus briefly noticed the subject of preliminary study, and having made reference to the great importance of beginning the course correctly, as we pass on to consider the present system of medical instruction, we shall find it faulty in some respects, and susceptible of improvement in the whole course.

The present custom of commencing the study solitary and alone in the nearest office, and perhaps for no better reason than because of its proximity, must inevitably sometimes be attended with ill success and grave disappointment. Seldom does such a situation furnish means adequate to the purposes to be obtained. Too often there may be found a deficiency in the library; there may not be convenient opportunities of practising dissections, nor the advantages of an extended museum; the teacher may become remiss in making frequent examinations, and the pupil thus lose the advantages of recitations; the important privileges of clinical instruction may be limited, and thus may be lost one of the most important opportunities to gain that kind of information which is of the greatest practical importance in pursuing the round of professional duties. Under such disadvantages, the student may pursue his course, groping in darkness, until he finds himself at some medical college. What then is his situation? Almost any thing but what it ought to be. Every thing there has to be done too much in a hurry. The whole time needs to be occu-

pied in hearing lectures on the different subjects. There must necessarily be confusion, and there can be but little time for study. Moreover, this may all take place at the season of the year least propitious for dissections, and at a location where neither a hospital nor any other convenience for clinical instruction can be afforded and improved. He finishes his three years of study, to say nothing of his education; and, one way or another, he obtains a diploma, which to him is in an unknown tongue; and thus is he prepared to enter a medical society. In this way, often but poorly prepared for the duties and trials which await his early efforts, and having but imperfectly learned how far to confide in nature's recuperative powers, and when to interfere with his own resources, and being "armed with a diploma and the prevailing doctrines of the day," he goes forth, full of theory and with strong confidence in his own powers, and "with sanguine expectation to vanquish every disease with more than the skill and valor of a Don Quixote." But, alas! he goes frequently to encounter disappointment, perplexity, and chagrin, and to suffer under the severe censure and withering rebuke of his friends and his patrons.

To remedy these imperfections, we would recommend the establishing of public medical schools. Let them be so arranged that the student may there commence, pursue, and finish his whole term of pupilage. If discreetly managed, they cannot fail to furnish advantages and offer inducements, so as almost, if not entirely, to monopolize the whole number of stu-

dents; and but a few young men will be left elsewhere to obtain their education. The system of public school instruction has been adopted by the profession of divinity and of law, and for the education of school-teachers and mechanics and farmers; and experience has already demonstrated its superior advantages. Medical schools should be established on principles similar to those of the other professions. We should be gratified to have our medical schools remodelled, and that with many important changes. We make no objections to those persons who now hold the high and responsible offices of professors and teachers in our colleges. For their qualifications we have the highest regards, and in their abilities the most unlimited confidence. As men of letters, we entertain for them the highest respect; and, as physicians and surgeons, we esteem them an honor to our country, and are proud to boast of their superiority in the science of therapeutics. Not to the officers, but to the present system of instruction, we make our objections; and, at the same time, we most confidently believe, that, if the teachers themselves will give the subject a candid and deliberate consideration, we shall have their approbation and concurrent assistance in effecting a reform. We would have our medical schools established on a liberal foundation and generously endowed, so that they should afford every desirable privilege, and be accessible to all classes in the community. There should be a well-selected library, and every kind of apparatus needful in a course of instruction. There should be a large and well-selected

museum, and opportunities for dissections furnished most liberally. In connection also, let there be a hospital, or some other institution affording every desirable facility and advantage for clinical instruction. Let there be provided teachers competent to their important and arduous duties. Let the students also be divided into classes, and the classes be so arranged as to divide the students according to their advancement in their studies. Thus each class might pursue its appropriate studies, and have ample time to attend on such courses of lectures as might be delivered for their special benefit. The present arrangement of having so many different courses of lectures crowded into so little time fails to give both the lecturer and the student the advantages which the importance of the whole subject demands. Far more profitable and much more pleasant would it be to have the lectures delivered, one or two courses at a time, and in immediate connection with the subject or subjects which at the same period might be receiving the attention of the class. Thus each department in study, and each course of lectures, might be kept more distinct, and relieved from the confusion which results from dividing the attention, and crowding into the mind simultaneously too many subjects for consideration and memory. Another advantage at a public institution is gained by having there much to excite the ambition, and to stimulate to energetic performance, which cannot be found in a private study. Every person who is conversant with the energies and dispositions of mankind must acknow-

ledge, that competition is needed to arouse the mental energies to make great attainments. It is true that reason and a sense of duty ought to be sufficient incentives, and perhaps in a very few instances they may answer; but they fail in the generality to produce the effects desired. What leads the daring soldier on to face scenes of danger, carnage, and death? What supports and nerves with vigor the statesman, in all of his unremitted labor and untiring effort? Banish from their eager gaze the laurels of renown and distinction; and the former will quail before scenes of blood and slaughter, and the latter will give preference to scenes of tranquillity, and the peaceful enjoyments of quiet life. So also, if, in the perspective, the medical student shall behold within his attainment such laurels and wreaths of honor as are woven for the brow of the great and good physician, the solitude of the midnight study will lose its gloom, and the early dawn of the morning will bear testimony to his early and cheerfully renewed labors in qualifying himself for the duties of his profession, and reception of its honors. In a public school also, we have concentrated the united energies of different minds, in toiling to develop the truth, and unfold the mysteries of science to the understanding and comprehension. Each student might become an important assistant to his fellow, by throwing some rays of light where darkness might perplex and conceal from individual effort.

Having thus established a medical school, with all of its multifarious privileges and advantages, instead of

assigning any given time for the course of pupilage, let every student be required there to remain and pursue his studies, until he shall have made such advances and attainments in the object of his pursuits as shall entitle him to the honors, and qualify him for the labors, of the profession. Such a course might disappoint the raised expectation of many. In an instance like this, however, we would make the sacrifice of a lesser for a greater good. Many, with such restrictions, would be discouraged from commencing the study of medicine and surgery; and, consequently, there would be fewer aspirants to the practice of a profession on whose duties many enter prematurely. It is a well-known matter of fact, that, under the present system of education, time has an undue influence in deciding on the claims of the student. In many instances, there are those who receive testimonials, and go to assume the duties of a physician, who have no just demand for the former, nor qualifications for the latter. This is an evil much to be deprecated, and deserves special efforts to reform.

To the present arrangement, requiring every student to attend two courses of lectures, one of which must be at the institution which confers the degree, we have objections. It savors too much of an illiberal and monopolizing spirit of selfishness. The conferring of the honors of a literary institution ought ever to be placed on the broadest foundation, and to be given to those, and those only, who, from whatever source they may have gained knowledge, have yet made such attainments as shall entitle them to the honors to be

conferred. Every medical institution should possess within its own resources whatever is necessary, that a student might there commence, pursue, and complete a good and finished education. That such colleges might be established, and that also in our own country, we have no valid reason to question. We have whatever is necessary for so magnificent an undertaking. We have wealth, talents, education, and enterprise. Nothing is wanting but to devise the plan, and go forward in its accomplishment, and our schools need not be second to any in the enlightened world. A mistaken apprehension seems now to pervade our whole policy. Instead of a concentrated effort to make the present number of schools better, there seems to be a spirit of rivalry, and a disposition to increase the number. Medical colleges are being multiplied in every direction. This is a sad evil, one to be greatly deprecated, and ought by every high-minded man to be promptly denounced. Already we have a greater number than can be adequately supported, and therefore more than is needed. The result is, that but few possess the standing, and afford the privileges, which ought there to be found and enjoyed. Many, like the valley flower, have come up in a night; and the morning has overshadowed them with darkness. They have a name, but are devoid of character and privileges. In their extremity, lest the last flickering ray of hope should expire in the socket, they, to augment their funds, or to assume appearances of prosperity, annually graduate their classes of doctors, who, "like the frogs in Egypt, overrun our

fair heritage; they come up into our houses and bed-chambers and beds, into the houses of servants and the people, into our ovens and kneading-troughs;" and, when the plague shall be stayed and the evil removed, we need a seer to prophesy: human vision cannot foresee, nor how, can finite wisdom seem able to devise. Such a condition of affairs brings reproach upon the profession, and is an admonition to societies to be more guarded in the admission of members, and also so to raise their requirements that their honors and privileges shall be accessible to none but men of genius and erudition.

Objections exist not only to the manner of commencing and conducting the season of pupilage, but to that also in which it is finished. Every innovation is by no means an improvement. The present mode of conferring degrees seems to prevent or to destroy the purposes of the design. Before the physician has passed the very threshold of his professional career, he has conferred on him the highest titles of distinction and honor, rather as a certificate of qualification than as a testimonial of more than ordinary attainments in his pursuits. As we have before said, man needs much to excite and stimulate to activity and enterprise; and, when you remove from his ambitious gaze the high honors of distinction and pre-eminence, you remove the incentives to extra effort; and nothing remains to call into action his mightiest resources, but a dispassionate sense of duty, and the quiet satisfaction of having done all things well. In the other professions, the titles of honor are conferred on the

few, who, by persevering industry and marked attainments in literature, qualify themselves for more than ordinary achievements. In like manner, in the medical course, it would be much more consistent to revert to the bygone practice of conferring the degree of M.B. as an evidence that the pupil has completed his course of study with honor to himself, and with a reasonable claim to the confidence and patronage of the community; and to hold in reserve the honorary title of M.D. for those alone who, by extra labor and superior attainments in literature and professional skill, shall deserve well, and merit more than ordinary distinction. Thus, through his course, not only the promptings of reason and philanthropy, but the high honors of the profession, would stand out in bold relief to stimulate his energies, and crown his industrious efforts with palms of distinction, and meads of praise.

Another objectionable innovation is the change to the present mode of admitting Fellows into the Medical Society. The presentation of a medical degree alone is not a sufficient barrier to keep the door properly guarded, and to exclude all who are not deserving the situation and honor. The reputation of a Medical Society ever ought to be of that high order, that its testimonials of membership in good standing should afford all of its members an honorable and plenary recommendation, whenever and wheresover a testimonial of professional qualification and integrity may be found necessary. To effect such a purpose, though apparently difficult to be accomplished, should

be ever kept in view, and labored for with unremitting perseverance. The Society ever ought to have a veto power over the colleges, and rely on their own resources and decisions for their own reputation. No individual should ever be admitted a member, until he shall have been faithfully and thoroughly examined by a Board of examiners of their own appointment, and found, in the estimation of said Board, to possess the required knowledge and proper attainments. It is too apparent, that many receive the honors of our medical colleges who are but poorly qualified for admission into our medical societies. This may be thought a presumptuous and preposterous affirmation. Let facts speak for themselves, and let the truth be acknowledged, though it may raise many unexpected blushes. When we consider the high and irreproachable character which many of our colleges sustain, and the reputation for knowledge, skill, wisdom, and integrity, which so eminently belongs to the professors, at a hasty glance it may seem paradoxical and disrespectful to even suggest the calling in question the merits and validity of a medical degree conferred by them. We have no wish to cast a reflection upon our colleges or the professors, nor to undervalue their authority, nor detract from their reputation; but, when we make an impartial estimate of the attainments of some who bear about their honors, stubborn facts present themselves in formidable array, and demonstrate the truth of the old adage, that, if these be thy sons,

"Parturiunt montes, nascetur ridiculus mus!"

From some inexplicable cause, — it may be an overflowing spirit of benevolence, and a superabundance of sympathy for the more unfortunate, — degrees meritorious and degrees honorary are conferred to supply some deficiency; and thus we have many recipients of unmerited favors, peregrinating the length and breadth of the land, braying out their knowledge, and erecting their hypertrophied ears, with wonder and astonishment, because the people do not receive them with greetings into their houses, and reward them according to the character of their diplomas, but abandon them by the wayside, to receive according to their demerits, and feed on husks and thistles. Such a condition of affairs ought to be a sufficient admonition to faithfulness and caution in the admission of Fellows. There exists no necessity for hurrying applicants into Fellowship. Let the good old ways be sought out and returned to, and let us walk therein. Let the bygone practice be revived, when candidates were received on probation, and an opportunity was given them to demonstrate their qualifications, and to show their plenary claims to the privilege and honor of membership. Many, with fair promise at the commencement of the professional course, fail to fulfil the fond anticipations which had been reasonably formed in the perspective, and therefore prove a reproach rather than an honor in their station. The renewal of this obsolete practice can be attended with no objections. It extends to every one all of the advantages of the Society, and throws around the youthful members of the profession, in a special

manner, its influence; and therefore, while it encourages and stimulates to a high and honorable course, at the same time it may restrain from the commission of such deeds as might blast his reputation. Such influence the youthful practitioner needs. Under the restraining influence of early instruction, he may be kept and guided through the season of pupilage; but, when the expanded theatre of active life is unfolded to his ambitious eye, and when temptations to pursue a wayward course clustre around him with all their alluring influences, then he needs every inducement which the honors of the profession and the principles of integrity can furnish to aid him in pursuing the pathway which leads to usefulness and honor. By reviving the probationary system of admission, much reproach might be avoided, and the society be relieved from many occurrences, both unpleasant and detrimental to all interested.

Another feature in the character of a physician, and one which should ever be very prominent, is strict integrity. It may be said, that a physician can be a skilful practitioner, even without this important trait of character. Be it so: nevertheless, he must be made an exception to a governing principle, and fail to be as useful as he might have been, and have to depend on others to give that character to the profession which will secure the confidence and respect of an intelligent people. In the discharge of his professional avocations, the medical man has to deal with all classes in society, and to sustain himself in all of the varied emergencies: he needs to be governed and

guided by most unwavering principles of uprightness. Is he a man of highly responsible character, duly estimating his situation and its responsibilities? — he will spare no pains to obtain a thorough education, and thereby prepare and hold himself in readiness to respond to whatever emergencies he may encounter. Great and manifold obligations rest upon him. To his care are confided interests of the greatest magnitude. On his doing right or doing wrong depend the life and health of the diseased, the happiness or unhappiness of many, and the social enjoyments among relatives and friends. Nothing can be substituted for knowledge, skill, and faithfulness, in the treatment of disease, where life is at stake. In vain are the pleas of good intentions; and miserable must be the reflections of him who, without adequate knowledge, shall fail to perform his duty. Whether injury results from over-doing or not doing, the results may be equally pernicious, and alike fatal; and therefore a just cause of reproach and censure in either case. An overdose of strychnia may destroy life immediately; and, on the other hand, the withholding of a few grains of ipecac or rhubarb may prove equally as disastrous, though not so rapidly. In all of his situations and pursuits, he will find that his usefulness and happiness depend upon his knowledge and competency to perform rightly his varied duties. Often will he fail, through the imbecilities of remedies and other uncontrollable causes, to withstand the onward strides of disease, and save his patient from death. In his disappointments and regrets, great will be the

consoling reflection, that he has been faithful to his trust, and, notwithstanding he has been unsuccessful, yet in his treatment he has pursued a course in strict conformity to the best instructions which knowledge and skill can afford. In justice also to himself, that he may have confidence in his own abilities, and thereby be relieved from undue perplexity and painful solicitude in the treatment of disease, which to the most enlightened is greatly embarrassed by contradictory theories and hypothetical chimeras, he needs to bring to the work a mind richly stored with knowledge, and guided by wisdom. Integrity also must be the governing principle of action in sustaining that degree of mutual friendship and liberality which is so much needed to maintain salutary and harmonious intercourse amongst the members of the profession, in their deportment one towards another. Every medical man can but highly appreciate, when it can be done properly, the privilege of calling to his counsel and assistance the knowledge and experience of his Fellows, to relieve from doubt, and to divide the responsibilities, in cases of great interest and important results.

To knowledge and integrity let there be added refinement, modesty, kindness, benevolence, and sympathy, and the physician will be prepared to do his work with credit to himself, and honor to the profession; and to be rewarded with the gratitude and affection and esteem of those who have received good at his hand, and also by the commendation of a conscience void of offence.

Besides what we have already noticed, there are other causes which operate to impede the onward progress of our profession, and to detract from its deserved reputation. Among those, there is perhaps no one more formidable and pernicious than the seeming necessity of some species of charlatanism to satisfy the caprices and prejudices of many in the community. What attaches importance to this malady is the stubborn fact, that this belief is entertained in every grade in society. A species of hallucination seems to pervade indiscriminately the learned and the unlearned, the rulers and the ruled. Daily observation demonstrates how ready all classes are to be duped by the wiles of the deceitful; and almost every returning year gives renewed evidence of the mistaken apprehension of our legislators, who, by their enactments, instead of sustaining and fostering the interests and prosperity of one of their chartered institutions, seem to show a disposition to prostrate to one common level the learned and the unlearned, and equally to appreciate the skill of the man of letters, and the impositions of the most blustering mountebank. Dr. Curtis, in his communication on the Public Hygiene of Massachusetts, says, "We have legislated, *usque ad nauseam*, on almost every thing but that which concerns us most, namely, the surest sources of health and life, and consequent happiness and prosperity. By legislation we have protected the beasts of the field, the fowls of the air, and the fish of the sea; by legislation we have encouraged the arts and sciences, except those which would most directly enable us to

live long, useful, and happy; by legislation we have granted privileges to the manufacturer, developed the resources of the agriculturist, and, directly or indirectly, offered rewards for the best cattle, the fleetest horses, and the fattest hogs; have extended inducements for best building, greatest crops, and most improved implements, all of which is most praiseworthy: but we have neglected to use the means for securing attainable longevity and exalted happiness, as well as some of the most prolific sources of State-wealth."

Says Dr. Ware, "There are many persons, who, from their natural temperament, and there are many others, who, under the influence of disease, cannot be satisfied with the steady, sincere, and unpretending management which the self-respect of the regular practitioner obliges him to adopt. They require to be encouraged by hopes which are to prove fallacious, by promises which are to be broken; to be soothed and kept patient by a thousand flattering arts, which those who understand disease, and can really foresee its course, and who feel bound to honesty of purpose and deportment, cannot employ. Hence a resort to quackery is almost essential to this class of patients. Happy it doubtless is to many of them, that they can have recourse to those whose ignorance or whose conscience does not prevent them from pretending to knowledge which they do not possess, or from professing to accomplish that which we know to be impossible." How to dispose of hindrances of such a character seems to baffle the understanding and

wisdom of all. To brand them with the epithet of humbug, without apparent satisfactory reason, seems to add to their influence, and to lessen confidence in the regular practitioner. Many confidently believe, that they have been cured of diseases by taking the medicines and following the directions of these pretenders. Most undoubtedly, in some instances, the sick have received benefit. By indulging their caprices, access may perhaps be found to their understanding and judgment, and they may be made to apprehend the truth in its own light. Many diseases require chiefly cathartic medicines; and, so far as the various patent medicines and quack-nostrums are of that character, their administration may produce the effect desired. The Thompsonian form of medication will sometimes cure as well as kill; but, in most cases, a milder treatment will have quite as salutary an operation. The liberal use of cold water, judiciously and opportunely applied, is a valuable remedy in some cases, but will not always drown the disease, without drowning the patient also. The homœopathist will also be successful, not because of his visionary theory and infinitesimal doses, but because there is no diseased action in the case beyond what will yield to the recuperative efforts of nature, assisted alone by strict diet and regimen. Much of the treatment, and many of the remedies, which are used hap-hazard in the various forms of quackery, in the hands of an educated and skilful physician, are found to be valuable, efficient, and useful medicines.

In the practice of medicine, that department which

most requires knowledge, discrimination, and judgment, is concealed from the view of the unlearned. The application of the remedies appears to them to be the most difficult and important part in the treatment of disease. Hence, the bland promises in a label, and the syren song of the arch-deceiver, have their captivating power; and, while they hurry their victim to the grave, they at the same time inspire him with the delusive hope, that all is well; that health will again be restored; and that he will be enabled to realize the fulfilment of his fond expectations, and enjoy his anticipated happiness. This malcondition of our profession can best be remedied by an improvement in the system of education and an honorable deportment among all engaged in so important trusts. We need to be able to demonstrate to the whole public, that we are governed and sustained in our professional pursuits by a high degree of erudition and moral principle; while also it is needful to disabuse the minds of those who are shrouded in the misty atmosphere of quackery, and who are suffering in their interests, their health, and their lives, having been made the dupes of error and prejudice. Let it be so plain that the wayfaring man may clearly see a difference between the learned physician and the illiterate impostor; that different diseases require different medication; that one theory and the same treatment are not adapted to every species of derangement in the functions of the various organs. Let every regular practitioner aspire to such elevated attainments as shall leave no occasion for any one to

ask, "What do ye more than others?" Let it also be very satisfactorily manifest, that the regularly educated physician has no fellowship with quackery in any of its multiplied fascinations; and that "practice, without the guide of science, is downright jargon and empiricism."

I have thus ventured to suggest some modifications in the subject of medical education. Perhaps some may think them to be ill timed and preposterous on my part. With becoming deference to the opinions and practices of this Society, I have presented them for consideration, to be received or rejected according to their merits or demerits. I have neither wish nor design to appear before you this day in the spirit of radicalism, and a desire to raise a controversy, or to commence a reform, merely for the sake of a change. To the interests and prosperity of this Society I am most ardently attached; and for the course and conduct of its members, both the dead and the living, I entertain the greatest respect. To those who laid its foundation, and to those also who have watched over and guided its interests, until it has attained to its present dignified position, are due the highest veneration and most profound gratitude, not from medical men only, but from every member of the community. Nor do its prospects for improvement, honor, and usefulness, in the perspective, become less promising when we contemplate its present condition. Among those who are devoted to its welfare and prosperity are numbered many, who, for talents, enterprise, integrity, knowledge, and skill, are deservedly entitled to rank

with the first intellects of the age. The peace and harmony which ever have existed, and still continue to pervade its every interest, the high attainments in erudition and the intelligence of its members, and the fixed determination to stand aloof from every species of charlatanism and to rely on its own resources, promise a brilliant career in ages to come.

It is not our business this day to found, to establish, or to create a Society. To us the task is assigned to maintain, to preserve, to perpetuate and perfect. Do not imagine this is a light duty; that it may be accomplished by the aid of passive virtues. Upon every work of man's hand, inevitable destiny writes the words, "This, too, shall pass away." It is only at the price of perpetual vigilance that our institution can be maintained and prospered. Principles, like to those which founded it, must be sustained if we would preserve the Society. Occupying, as we the members of this Society now do, an elevated position, let us so live and act, that we may, so far as in us lies, transmit to our successors, unimpaired, the rich blessings and privileges which we have inherited. Before us lies a boundless and exulting future. Here, upon this narrow shoal and bank of the present time, we may stand, and, with proud consciousness, welcome the succeeding generations to a Society governed by wholesome laws, and sustained by a learned and honorable Fellowship. May we so live and so sustain our reputation, that, when those who follow us, in their turn, come to pass away from the active scenes of professional life, when they come to wel-

come, as we are now doing, the generation who shall succeed them, it may be with the same pride and hope which now burn in our bosoms, and with no mournful recollections drawn from a comparison of their present with their past; but may they welcome their successors to a Society which Massachusetts shall still be proud to own and honor, and on which kindred societies shall look with a spirit of emulation!

OBITUARY.

DURING the past year, not only a large number of medical men, but many sustaining a pre-eminent standing in the profession, have been removed by death. Among this number are the names of Dr. HARRISON, of Cincinnati, Ohio; Dr. BRIGHAM, of the Asylum for the Insane, at Utica, N.Y.; Professor BARBOUR, of St. Louis, Mo.; and Professor JOHN BUTTERFIELD, of Columbus, Ohio, editor of the "Ohio Medical and Surgical Journal." In our own Society, we have to record the death of many who had attained a high rank; together also with others, excellent practitioners, less known to fame.

Since our last annual meeting, the following members of this Society have died: —

Entered the Society.		Residence.	Age.
1816	ALEXANDER READ, M.D. . .	New Bedford . .	63
1833	SAML. B. WOODWARD, M.D. .	Northampton . .	63
1832	JOSEPH STONE, M.D. . . .	Hardwick . . .	59
1817	GEORGE PARKMAN, M.D. . .	Boston	
1832	MARTIN GAY, M.D. . . .	Boston	47
1830	JOHN D. FISHER, M.D. . .	Boston	53
1818	THEODORE DEXTER, M.D. .	Boston	58
1829	HORATIO ROBINSON, M.D. .	Salem	45

Entered the Society.		Residence.	Age.
1837	Jonas Underwood, M.D. .	Hingham . . .	
1832	Samuel Rogers, M.D. . .	Roxbury . . .	40
1848	Thomas F. Sexton, M.D. .	Woburn Centre .	61
	Levi Gould, M.D. . . .	Melrose	49
	Charles Knowlton, M.D. .	Ashfield	
	HONORARY MEMBER.		
1838	Amos Twitchell, M.D. . .	Keene, N.H. . .	69

Dr. Alexander Read was graduated in 1808 at Dartmouth College, having acquired the reputation of good scholarship and unblemished morals. He pursued his medical studies under the direction of Dr. Green, of Worcester, his native town, and of Nathan Smith, M.D.; and received the degree of M.B. at Dartmouth in 1811. He then commenced the practice of his profession in New Bedford, and soon acquired the reputation of a skilful and attentive physician, and received the patronage of a numerous circle of intelligent and wealthy citizens. A course of lectures, prepared and delivered by him on Chemistry and Botany, with great acceptance, was a happy introduction to the youthful portion of the more intelligent population; and many of the attendants remained ever after his ardent friends.

Possessing by nature a sanguine temperament, and by cultivation and intercourse with good society a refined taste, he was fitted to be an ornament in the circle in which he moved. He was made to love and to be loved. He was kind, conciliatory, and considerate. Naturally modest and self-diffident, he wondered at his own success. He seemed to live more for others

than for himself. His own happiness was an incident rather than an end in his pursuits. His ruling passion was to promote the well-being of those with whom he associated. Hence, as a physician, he was ardent in the pursuit of knowledge, careful in his observation of the changing phases of disease, kind in his deportment, courteous in all the relations of life, and skilful to perceive and minister to the necessities of his numerous patients.

In 1816 he received the degree of M.D. at New Haven. Dr. Read was a skilful surgeon as well as physician, and was much devoted to that branch of his profession. His advice was much sought and appreciated by his professional brethren. They felt that their reputation was safe in his hands; that, when called in counsel, he would sustain and not supplant them. He scorned the low arts to which, it must be confessed, a few, even of educated men, resort for the acquisition of business. Quackery, whether in its infinitesimal or more heroic developments, received from him no countenance. He published but little. His remarks on the mode of preparation and uses of Datura stramonium are a model of simplicity and directness in medical communications.

His crowning excellence was his reverence for God. His was the religion of the Bible. He acknowledged its claims, and reverently bowed to its teachings; and, in the hour of affliction and sickness, he was rewarded by its abundant consolations. Religion with him was an abiding principle, not the fitful vagary of an excited imagination. Such was Dr. Read, — a good

husband, kind father, beloved physician, and, in every relation, eminently a good man.

His fatal disease was hæmaturia, followed by chronic disorganization and protracted suffering.

Dr. SAMUEL B. WOODWARD is too well known to the whole world to require other notice than merely to mention his name. Suffice it to say, he was for several years the highly esteemed and justly appreciated physician to the Asylum for the Insane at Worcester. Here his skill, kindness, and devotion to the unfortunate were of that sincere character which won for him the love and unbounded confidence of all who, directly or indirectly, felt an interest in that humane institution. He was for many years an invalid, suffering under disease which the most discriminating and skilful could not detect. After repeated paroxysms of severe pain and suffering, he died instantaneously. Lengthy and close search discovered the remains of a small aneurismal sac upon the aorta, immediately where it passes through the diaphragm; and a rupture of this sac was the immediate cause of his death.

Dr. JOSEPH STONE was born in Shrewsbury, November 12, 1789, and died in Hardwick, where he had so successfully pursued his profession, till June 27, 1849, when he closed his life in the sixtieth year of his age. He was emphatically a self-made man. He received an academical education at Leicester, and then entered upon the study of medicine in the office of the late Dr. Flint. He finished his course of

pupilage in the winter of 1812–13, at the Medical College in Boston. During his long residence at Hardwick, he not only had the respect and confidence of the inhabitants in his medical skill, but their confidence was also shown him by their intrusting to him offices of honor and high responsibility. For twenty years he held the office of Town-clerk. For many years he was a Justice of the Peace. He was a member of the Convention of 1820 for revising the Constitution of Massachusetts. He was afterwards a member of the House of Representatives in the State Legislature, and also was elected to the State Senate. For many years, Dr. Stone has been a devoted member of the Massachusetts Medical Society, and also of the Worcester District Medical Society.

In May, 1848, Dr. Stone was elected by the council Vice-President of the Massachusetts Medical Society; and in 1849 he was re-elected, and held the office until the time of his decease. He was generally punctual at the meetings of the Society, and manifested a deep interest, and generally took an active part, in all their deliberations and doings, whether they were matters of business or discussions of professional subjects. By devotion to his business, he secured the confidence of both people and physicians, and was eminently *the* consulting physician of a large circle in his neighborhood. He was a firm friend and well-beloved brother, respected and honored, a help and ornament to his profession, a man whose life and character have been in many respects a model for imitation by those who come after him.

Dr. GEORGE PARKMAN, whose mysterious disappearance has excited the sympathy of the public so universally, was a practitioner of respectability. He has made several interesting communications to the Boston Medical and Surgical Journal, which do him credit as a scholar and physician.

Dr. MARTIN GAY was the son of Hon. Ebenezer Gay, and born in 1803 in this city. His father subsequently removed to Hingham, and there Dr. Gay spent most of his early life. He was educated at Harvard University, and received his medical degree in 1826. He became a member of this Society in 1832. He was one of the original members of the Boston Society of Natural History, and likewise a member of the American Academy of Arts and Sciences. He was a most accurate chemist and mineralogist. In regard to his knowledge of medical jurisprudence, we have the highest authority for saying, that few, if any, were superior to him in the power of clearly enunciating such medical facts and opinions as he wished to lay before a jury. There were evinced by him a thoroughness of knowledge on the subject, and a freedom from idiomatic expression, truly admirable, when he stood upon that most perilous of all spots for the reputation of a physician, — the witness-box. His devotion to science, and his love of the beautiful in nature and music, shed a mild light over his whole being; but it is as a man of the loftiest integrity that we love most to look upon him. Calm and straightforward, he went the course of life;

and in the midst of his usefulness, when the joys of home were brightest, this good man died.

Dr. J. D. Fisher was a man of great worth. He received his collegiate education at Brown University, and subsequently studied medicine, under Dr. James Jackson, at Harvard University. Having taken his medical diploma with honor, he sailed for Europe, where he spent about two years, chiefly at the French capital, enjoying the high advantages of intimate relations with some of the choicest medical spirits of the present century. The names of Louis, Andral, and Velpeau were to him as household words; and his friends will long remember the admirable portraits of Andral and Velpeau, which, for many years past, have adorned his study.

In the sick-chamber, Dr. Fisher was calm, and full of the warmest sympathies, while at the same time he was most accurate in the observation of the phenomena of disease. At his funeral, a little incident took place, which marks well the estimation in which he was held by the poor for his unswerving kindness to them. The last ceremonies were performing at the house of his brother in Temple Place, when it was observed that some poor people were collected near the spot, apparently in grief; and, upon inquiry, it appeared that they were some of his patients, and had come uninvited to the funeral of their departed friend. It was a touching proof, that his life had been that of a "beloved physician." His virtues and his works did honor to our Society. Dr. Fisher laid

deeply the foundation of his eminence and usefulness in a patient, laborious study of books, and a careful record of what he saw, and of views to which direct observation gave birth. While in Paris, he devoted his attention to the small-pox; and, on his return, published a valuable work on that disease. Auscultation much engaged his attention, and he labored to extend its application to diseases besides those of the chest. He was the discoverer of the art of cephalic auscultation. He was among the first to make trial of etherization in childbirth. To the Boston Society for Medical Improvement he devoted much time and labor.

Dr. Fisher was one of the earliest advocates of the establishment of the Perkins Institution for the Blind. He is considered to be its first suggester, and a most devoted laborer in advancing its prosperity, until the day of his death. He was its Physician and Vice-President. His whole services were faithfully devoted to its highest interest, and for these labors he was never willing to receive any pecuniary compensation. They were free-will offerings of duty, and had their reward in themselves. Dr. Fisher had been recently elected one of the acting physicians of the Massachusetts General Hospital, — another testimonial of the high estimation in which he is held.

We have lost one honorary member during the past year. Dr. Amos Twitchell was born at Dublin, N. H. He studied in early life at the New Ipswich Academy. At the latter part of the last century, he

entered Dartmouth College, and was there at the same time with Daniel Webster, although not in the same class. He sustained himself with great power, and was graduated the second scholar, having delivered the Greek Oration in 1802. He was distinguished during his college-course for his boldness, and his frank expression of truth, even if thereby he injured himself. His friends of these days remember his love for mathematics, and his hearty good humor, which sometimes burst forth in practical college-jokes. Having been graduated, he immediately entered upon the study of medicine, under that remarkable man and most excellent friend, Dr. Nathan Smith, then sole teacher of medicine at Dartmouth College. Dr. Smith duly appreciated the high qualities of his pupil, and a friendship was commenced which terminated not even with the life of Dr. Smith; for, perhaps, we here may be allowed to say, that the family of Dr. Smith were frequently, until Dr. Twitchell's departure from the world, the recipients of his kindness. In fact, our associate seems, in his relations with the family of his deceased master in physic, to have fully comprehended the meaning of the far-famed oath of Hippocrates, wherein he promises, that, for sake of the love he bears towards his teacher in the holy art of medicine, he will devote himself to the children and family of his master as if they were his own.

Having received his medical diploma, Dr. Twitchell settled at Norwich, Vt. directly opposite Hanover, so that he might still continue near to Dr. Smith.

Subsequently he removed to Marlborough, and very soon afterwards went to Keene; where, for more than forty years, he practised with highly eminent success. His circuit of rides has probably been larger than that of any other man in New England. It may even be doubted whether any physician or surgeon in the country has had so large a number of miles as the scene of his labors. He was called to all severe surgical cases, and he frequently posted in his chaise over the granite hills of his native State, from one hundred to one hundred and fifty miles in the twenty-four hours. He did this by means of relays of horses, at different coach-offices along the various roads. All knew him; and, as soon as he appeared, the hostlers were on the alert to serve him, as those of Old England were to the bidding of the coachman, before the modern railroads had annihilated the whole class. This riding over hill and dale was exactly in accordance with the energy of Dr. Twitchell's character. Long before daylight, he was up, and prepared for his journey; and, at early dawn, he would awaken the drowsy keeper of some country inn, with a demand for new horses. To most people, these long travels would have been very tedious; but, as he told the writer of this sketch, "I need them for my own good. For instance," added he with a smile, "at times, when starting, I feel vexed with one of my neighbors, and am determined that, on my return, I will scold him severely; but I cannot ride over more than one or two hills, without becoming more kindly disposed towards him; and, as I go on, I find that the fresh

air, the beautiful and bold hills, make me less and less irritable; so that, by the time I have driven an hour, I cannot scold, however much I might have previously determined to do so." He continued these long journeys until within a short time of his death.

To those of the younger members of the profession who knew him in his latter days, it was a real luxury to listen to the rehearsal of his cases. Some of these should be reported in a permanent shape; and we regret, that such were his constant occupations, and his indisposition to write, that Dr. Twitchell never gave to the world the results of his labors in the form of some permanent work on surgery. His tying of the common carotid, and his diagnosis and treatment of purulent secretion in the internal parts of the tibia, are models of the greatest surgical acumen, and skill in operating. As Dr. Twitchell wrote little, so his reading, save of the great book of nature, was necessarily small. But his was a mind of such quickness of perception, that he saw at a glance what required, on the part of less gifted persons, a long course of reading. He had likewise an extraordinary power of extracting from others whatever they knew; and their learning he digested, and made part of his own mental estate. By these two peculiarities, Dr. Twitchell was enabled to keep his heart fully alive to all the interests of medical science of the present day. It was surprising to hear him descant on the importance of subjects that have come up fairly before the medical profession only within the last five or ten years; thereby giving unequivocal evidence, that, as his

years were increasing, his heart was still young, and glowing with warm enthusiasm for our sacred calling.

Dr. Twitchell's character might be expressed in a few words: He was as remarkable for his powers of diagnosis as he was for his prompt and efficient treatment. He was bold, but not rash, — fearless in following even an unknown path, when his genius told him he was right. A sincere lover of truth, he acted and spoke it, sometimes to his own detriment. A cordial hater of all hypocrites, he would have nothing to do with them, and delighted in exposing them by touches of exquisite humor. Holding in sincere reverence true and undefiled religion, he yet rarely attended church. He talked little of religious dogmas: he acted to his utmost a Christian life. As he was a warm friend, so he could be, as Johnson says, "a good hater." But he was too noble to be unjust, even to an enemy; and he never expressed merely personal pique in regard to any one.

Fond as he was of a joke, social in his habits, and of easy intercourse with all, he was a general favorite with the people. Rigidly temperate in his habits, his daily life was an example of the power a man may possess of perfectly governing his own appetites. He was likewise, with others, the open, out-spoken advocate of a life of total abstinence, not merely from every thing that intoxicates, but from every article that he for a moment conceived to be injurious to his system. In this respect the medical history of his life would present one of the most remarkable cases on record of a power of rigid self-denial.

In his domestic relations, he was most happy. For a long while, his life was blessed with a devoted and true wife, whose death, several months since, struck the heaviest blow upon him. For a time he yielded to it; but subsequently recovered, and resumed his full practice over his native hills. A chronic disease of the prostate, and possibly some disease of the kidneys, had been afflicting him for many years. This had increased within the last few months. He, however, prescribed until a day or two before his last illness. About a week before his death, he was seized with the symptoms of apoplexy with hemiplegia, from which he did not recover; and he died, May 29, 1850.

In losing Dr. Twitchell as its associate, the Society loses the companionship of one of the most remarkable medical minds this country has produced during the present century.

ARTICLE III.

MEDICAL JURISPRUDENCE.

BY DAVID HUMPHREYS STORER, M.D.

OF BOSTON, FELLOW OF THE SOCIETY.

READ AT THE ANNUAL MEETING,

MAY 28, 1851.

MR. PRESIDENT AND GENTLEMEN OF THE SOCIETY,

FOR more than seventy years, the anniversary of your institution has been celebrated. Each succeeding season, its Fellows have met together to renew their acquaintances or to strengthen their friendships; to dwell upon the varied scenes of their professional life; to sympathize in each other's sorrows, and rejoice in each other's success; to renew their devotions to the great interests of this Society; to sustain its honor and increase its reputation, by withholding its privileges from those who have abused them, and redoubling their efforts to maintain the spirit of its laws.

It has been customary upon these occasions to devote a single hour in listening to a discourse from some one of your number. Upon me your Committee have conferred the honor of preparing the address for the present time. Could I have consulted my own feelings, I should respectfully, and at the same time

most decidedly, have declined the appointment; but, considering it imperative upon us all, when called upon by our brethren to perform a professional duty, to answer to that call, I should have been a recreant to my principles, and ungrateful to many, from whom, for a quarter of a century, I have received uninterrupted friendship, had I refused.

A sense of duty alone has brought me here. May I not in advance claim your indulgence?

It is not a little surprising, that, while so much attention is being paid to the great subject of medical education among us, that branch of it known by the name of Medical Jurisprudence is scarcely referred to.

With all the other departments of the profession, the young man, presenting himself for his final examination, may be sufficiently well acquainted, to satisfy the Faculty before whom he appears, that he is competent to commence the responsibilities of his career. But upon the subject to which I have referred, in some of our schools he is *not examined:* not a question is asked him. He may have listened to a few general lectures during his pupilage; but he has pursued no methodical course of instruction, — he has studied no accurate, reliable author, — he has had no recitations upon the subject; without which, in this as in all other branches, lectures are of comparatively very little value. And it is only when he is summoned to give his testimony in a Court of Justice, that the young physician finds himself forming his opinion, and searching for authorities to support

it; or perhaps, I might with more propriety say, collecting published facts upon which he may found an opinion.

The rapidly increasing amount of crime, caused in a great measure by the vast hordes of ignorant and abandoned foreign paupers who are daily swarming to our shores, is constantly rendering this subject of additional importance; while the enormity of the age, which has lately taken place in our midst, and which, now that its perpetrator has left the earth he contaminated, we think of with increased astonishment, and can scarcely realize that it has not been a horrid dream, has awakened a deeper sense of its value as a branch of professional study.

I feel you will need no apology for its being selected as the subject to which I would now invite your attention, connected as it is in a greater or less degree with chemistry, healthy and morbid anatomy, therapeutics, midwifery, practical medicine; and associating, as it does, more intimately than either of these branches alone, the profession with the community.

I have not the presumption to suppose, that I can elucidate any disputed point; that I can strengthen any established principle, or throw any additional light upon my theme. I have no such aim, — no such desire. I would present to your notice a most interesting, most important, and much-neglected study. I would point out its claims to a higher rank than it now holds in your system of education. I would endeavor to show, that it should be as thoroughly

studied by, and a knowledge of it as rigidly demanded of, the student about to terminate his usual course of tuition, as any other branch of the profession. I would urge its importance upon all.

Medical jurisprudence has been defined that "science by which medicine and its collateral branches are rendered subservient to the elucidation of various civil and criminal cases during judicial inquiry."* Or, still more comprehensively, as that "science by which medicine and its collateral branches are made subservient to the construction, elucidation, and administration of the laws, and to the preservation of the public health."† Thus extensive are its objects, — thus important to every medical man is an acquaintance with his subject.

A physician is liable at any moment to be called into a Court of Justice to give his evidence as a witness, or his opinion as a professional man; and, when summoned, he must obey: the laws of the land require it. The Revised Statutes of Massachusetts expressly state, that, "if any person, duly summoned and obliged to attend as a witness, shall fail so to do, without any reasonable excuse, he shall be liable to the aggrieved party for all damages occasioned by such failure, to be recovered in an action on the case. Such failure to attend as a witness in any Court of Record shall also be considered a contempt of the Court, and may be punished by a fine not exceeding twenty dollars. The Court, in such case, may issue a warrant to bring such witness before them, to answer for the contempt,

* Ryan, p. 5. † Paris and Fonblanque, p. 11.

and also to testify as a witness in the cause in which he was summoned."

Thus imperative is the summons. That it must be complied with, I will state a case in point. Years since, it is said that one of the most distinguished members of our profession was interrupted by an officer, who presented a subpœna, summoning him to attend Court as a witness. The gentleman somewhat abruptly refused to comply, and at the same moment closed the door against him. The officer at once reported the case to the Judge, who, happening to be intimately acquainted with the medical gentleman, immediately wrote him a polite note, regretting the circumstances which required his attendance, but at the same time reminding him, that, if he did not appear, he should be obliged to proceed as if a contempt of Court had been intended. It is unnecessary for me to add, that the witness presented himself.

Irksome as are many of the duties required of us as physicians, great as are our responsibilities, there are none which are not assumed more readily, which are not performed more cheerfully, than that which compels us to give our testimony before a legal tribunal. So great is the unwillingness of many medical men to be made thus conspicuous, that it is not an uncommon thing for them to refuse to attend a post-mortem examination, however much they may have been interested in the case, if there is the slightest probability that a judicial investigation will follow. In a case of suspected poisoning, I have known five physicians refuse to be present at the examination of the

body, when requested by the family physician, although each was ignorant that any one save himself had been applied to; nor could either of them, upon any consideration, be persuaded to do so, until satisfied that the case would not be carried before the Grand Jury.

But why is a physician so unwilling to give his testimony? Why should he dread to state under oath the simple facts with which he may be cognizant? — to tell the truth, the whole truth, and nothing but the truth?

If his character would be acknowledged as a sufficient voucher for the truth of his statements, the conscientious physician would fear no tribunal, — would shrink from no scrutiny. He would feel called upon as a man and a Christian to give his evidence, in all cases, freely and fully. But how different sometimes is a legal investigation!

After having in the most unreserved manner stated all the circumstances with which he may be acquainted, the medical witness is subject to have his whole testimony reviewed, ridiculed, doubted. Often asked questions which cannot be answered, and which frequently have no bearing upon the subject at issue, cross-questioned in such a manner by a subtle advocate as to make his replies appear inconsistent with his previous statements, the physician is compelled to stand in the witness-box, to have his feelings wounded by insolent interrogatories and unkind insinuations, long after every end of justice has been answered by his testimony.

Or, should he be so fortunate as to pass the ordeal I have referred to without being annoyed, the counsel conducting the opposite side of the case not unfrequently, in the summing-up of the evidence and in his argument, by intimating his doubts of the credibility or the competency of the medical witness, inflicts a lasting injury upon his professional character. More even than this, — I have known a distinguished member of the bar, while addressing a jury, indirectly to impeach the veracity of a Fellow of this Society, who had been a practitioner for nearly twenty years, and whose honor among the members of the profession, by whom he is best known, is inviolable. That hour has long since passed; but the wound then inflicted will never heal.

But, even in those cases where nothing of an unpleasant nature occurs, the position of a witness is far from being an enviable one. Dr. Smith, in his "Analysis of Medical Evidence," distinctly states: "I fear not to assert, that the instances in which medical witnesses have come down from any judicial examination of importance, without suffering more or less injury, have not been many; that those in which credit has been actually gained have been fewer still; and that I know of no instance in which it can be satisfactorily shown that an individual reputation has been thereby established."

Is it surprising, then, that a physician should be so unwilling to appear as a witness?

By the community generally, our services are looked upon as belonging to them in such cases. They consider they have a right to them. Knowing that we

are neither required to act upon juries, nor to take part in military affairs, they feel that for these privileges we are expected to owe an obligation. I confess I feel upon this subject very much as the clear and vigorous writer I have above referred to. "For my own part," he says, "I have no delicacy as to the expression of my persuasion, that the power which assigns us over to the public prosecutor, whenever he may please to want us, from a notion that he has a right to the unrequited exercise of our best energies; and that under circumstances the most repugnant to our feelings as men, the most perplexing to our resources, the most hazardous to our reputation, and often the most dangerous (in various ways) to our personal safety, — that the power is oppressive." And again: "The medical practitioner, if weighed in the same scales as other men, owes not a particle of service to the State or to the public, on the score of concession yielded to him in return, or implied by any courtesies with which his individual citizenship may have hitherto been taken for granted to be endorsed. The exceptions in question were granted, not to us, or clearly not for our benefit, but by the public to themselves; — which public has been in the habit of reaping the advantage, while we have paid the cost. Our ancient legislators have merely done a plain and very simple duty in not preventing us, by some preposterous law, from being at all times ready to attend the calls of sickness and contingencies to which our fellow-citizens are at all times exposed. The case is the same among savages, at least among

such as have any notion of healing bodily ailments, and even among some who are greater aliens to the sympathies of human nature than savages; for a respect to medical men has generally been manifested on the part of pirates and banditti."

When thus compelled to testify, the physician has the consolatory reflection, that he may be the means, perhaps the most important means, of fulfilling the ends of justice, — of removing suspicions, which may have existed, respecting an innocent individual, — of bringing to condign punishment the guilty.

In giving his evidence, the physician should be exceedingly careful what he utters, — should strive to be laconic, clear, explicit. Haslam, in his "Medical Jurisprudence as it relates to Insanity," says, "The important duty which the medical practitioner has to perform, when he delivers his testimony before a court of justice, should be clearly defined, conscientiously felt, and thoroughly understood; his opinions ought to be conveyed in a perspicuous manner."

Fonblanque gives the following judicious suggestion: "We recommend the witness to steer a middle course, first answering patiently, distinctly, and tersely, the questions put by the counsel on both sides, the court, and the jury; and if none of these elicit the whole truth, and any material point remains to be disclosed, the presiding judge will always admit and gratefully receive the additions and explanations which may be necessary to the ends of justice."

Although a physician is called by the party, in any given case, whose cause it is supposed his evidence

will advance, he should use every effort to prevent his feelings from becoming so interested as to control his judgment, or warp his opinion. He is to state the facts, at all events, as he knows them: to tell the truth. He is not to ask himself the question, who is to suffer or who is to be benefited by his testimony. Enough for him to feel that he has taken a solemn oath, and that he is bound to observe it. Regardless of what may be for his temporary benefit, — regardless of the claims of even his dearest friends, he is not to allow himself the slightest hesitation or equivocation. He is to be fearless and true. He is to withhold nothing, unless it has a tendency to criminate himself. In a trial for murder in a duel, which took place at the Old Bailey Sessions in June, 1821, Justice Bailey said to Mr. Pettigrew, a surgeon, "I think it necessary to give you this caution: if you think the evidence which you are about to give, likely to expose you to a criminal prosecution, you are not bound to give it."

The most painful duty a medical man is called upon to perform in a court of law, if the ends of justice absolutely require it, is to divulge the secrets of his patients, reposed in him in the course of professional confidence. However great may be the struggle within him, — however willing and ready he may feel to make almost any sacrifice, save that of his integrity, to keep for ever locked in his bosom what was sacredly deposited there, the laws of his country are paramount to all other bonds.

In the celebrated trial of the Duchess of Kingston before the House of Peers, this liability of the physi-

cian to disclose what may have been entrusted to him by his patient was clearly demonstrated by Lord Mansfield. Mr. Cæsar Hawkins, a medical witness in the case, delaying to answer the interrogatories put to him, Lord Mansfield thus addressed him: "I suppose Mr. Hawkins means to demur to the question, upon the ground that it came to his knowledge some way from his being employed as a surgeon for one or both parties; and I take it for granted, if Mr. Hawkins understands that it is your Lordships' opinion that he has no privileges, on that account, to excuse himself from giving the answer, that then, under the authority of your Lordships' judgment, he will submit to answer it: therefore, to save your Lordships the trouble of an adjournment, if no Lord differs in opinion, but thinks that a surgeon has no privilege to avoid giving evidence in a court of justice, but bound by the law of the land to give it; if any of your Lordships think he has such a privilege, it will be a matter to be debated elsewhere; but, if all your Lordships acquiesce, Mr. Hawkins will understand that it is your judgment and opinion that a surgeon has no privilege, where it is a material question, in a civil or criminal cause, to know whether parties were married or whether a child was born, to say that his introduction to the parties was in the course of his profession, and that in that way he came to the knowledge of it. I take it for granted, that, if Mr. Hawkins understands that, it is a satisfaction to him, and a clear justification to the world. If a surgeon was voluntarily to reveal these secrets, to be sure he would be guilty of a breach of honor and

of great indiscretion; but to give that information in a court of justice, which, by the law of the land, he is bound to do, will never be imputed to him as any indiscretion whatever."

Thus there is no appeal. Those facts must be stated which are necessary to further the ends of justice. The greatest caution should be used, however, to prevent any thing being made public, that can be suppressed, which can wound the feelings or injure the reputation of a patient. Even the members of the bar look with pity and contempt upon the medical witness who voluntarily exposes any professional confidence. Nothing is more important to the physician than to "keep his own counsel." The repository of many facts, obtained under peculiar circumstances, a knowledge of which by others would produce much unavoidable misery, he should most religiously preserve what has been entrusted to him.

I could point out to you individuals in our profession, in whose presence men feel compelled to select their words before using them, — to whom they are afraid to speak freely; well knowing that their silence cannot be relied upon. It is unnecessary to say how much the usefulness of such persons is diminished; how pitiful is their position; how little sympathy is felt for any retribution which may befall them.

In the year 1832, Delpech, Professor of Clinical Surgery to the Faculty of Montpelier, surgeon-in-chief to the principal hospital, and member of numerous learned societies throughout Europe, was shot dead by a patient whose confidence he had abused. The

deed was, of course, looked upon with horror; and, had not the murderer instantly killed himself after the perpetration of the crime, upon the scaffold he would undoubtedly have paid the forfeit of his guilt. Still there was a deep, settled conviction in the minds of many, that there had been a most aggravating, most unjustifiable breach of confidence; and the press, while it freely yielded to the distinguished surgeon all the honor which his skill and attainments had acquired, did not withhold its decided condemnation of the circumstances which led to his untimely end.

Enough, I think, has been said to prove, that, if the physician would retain his self-respect, — if he would preserve the esteem or confidence of his patients, or of any portion of the community, he should allow no earthly considerations to bribe him, — no earthly power, save the laws of the land, to compel him to betray his trust.

Considered only in the point of view I have just glanced at, the liability of the physician to be called upon at any moment as a witness, medical jurisprudence has strong claims upon his attention. But when, in addition to this, he remembers that he, and he alone, in any suspected case, is looked upon as competent to suggest the means of ascertaining the kind and amount of poison supposed to have been taken, — as familiar with the proper remedies to be employed, — as able to detect the characteristic lesions, — to determine the question as to the character of the death, and how it was produced; whether by organic disease, or by hanging, drowning, or deleterious gases;

whether by murder or suicide; or, to settle a point of even more importance than these to a broken-hearted parent, whether the chastity of an idolized child had been violated, and a family made irretrievably desolate, — when he is reminded of these truths, he cannot but deeply feel his responsibility.

Not a year passes by without cases of poisoning or suspected poisoning taking place in different parts of New England, — I might perhaps say Massachusetts; and how seldom it is that the subject is definitely decided by the physician who has charge of the case; that the contents of the alimentary canal are analyzed, and the variety of the poison is made out by the post-mortem appearances! Those of you who reside in our metropolis are well aware, that it is not an uncommon circumstance for several of the scientific members of the profession to receive portions of the viscera for examination, of persons who have died under suspicious circumstances.

Although increased action may be known by physicians generally to follow the administration of most poisonous substances, there are many who do not appear to understand that different appearances are produced by the same agent, in the same organ, at different periods of time after it has been administered; and that every degree of excitement, from simple irritation to extensive ecchymosis or ulceration, may be produced by different substances, — the degree of action being dependent upon their greater or less acrimony; and that these appearances are uniform and characteristic.

I trust no one who hears me will misunderstand me, — will suppose that I would undervalue the judgment or qualifications of the great majority of medical men throughout our State. I *know* that they compare most favorably, not only with physicians of the cities, but with the members of the profession in any other portion of the Union. I mean merely to imply that with the department of study we are now considering, many are not familiar.

How little understood, among many of the well-educated and intelligent in our community, is the treatment for the restoration of the drowned! How many lives must have been sacrificed by the barbarous custom of suspending the asphixied by the feet, or rudely rolling them upon barrels with the head dependent, for the purpose of freeing the lungs of the water with which they were supposed to be filled! — a custom which within a few years has fallen under my immediate observation.

How many, apparently dead, have been restored to their afflicted friends by means of long-continued, scientific efforts; by having their bodies carefully dried, and exposed to a moderate temperature, — their heads and shoulders elevated, — their lungs artificially inflated; by the exhibition of external and internal stimulants, and judicious venesection!

How many have thus been resuscitated, after all human means seemed unavailing, — long after the by-standers have ceased their efforts, and none, save the almost frantic parent or child, have in silent prayer continued their exertions! Numerous cases

might be cited to show that life has been recalled after a body has been immersed for a very long period. These instances should cheer the desponding, and encourage them to labor while there seems the slightest possibility of restoration. Allow me to illustrate this remark with a single example, which was published during the last year in the "Northern Lancet and Gazette of Legal Medicine." It was communicated by Charles McNeil, Esq., of Charlotte, Vt., and is the touching story of a grateful father. "One of my sons, nine or ten years of age, was on Sunday afternoon, in August, 1830, found to be missing. On inquiry, I ascertained that he had last been seen playing on a boat lying at the wharf. The day was calm, and the waters of Lake Champlain still and unruffled by a ripple; but, knowing that he had been on the boat, his brother was sent to search for him, but he returned without any tidings. Once more he returned to the boat, and, looking carefully in every direction, discovered him lying on the bottom of the lake in eight feet of water, where he must have lain half an hour, if not longer, when he was brought to the surface. I received the body: it was rigid and cold, as also were the limbs; a bluish cast was spread over the countenance; the deep solicitude of a father discovered no signs of life — no heat; the heart was stilled, and the lungs quiescent. No more would I have anticipated the presence of life, if he had been submerged for several years; and had I not, some days previous to the accident, providentially read in an old paper an article by Dr. Buchanan, of Phila-

delphia, on the subject of restoring suspended animation after submersion, we should have consigned the body to the grave, as it was recovered from the lake. The body being placed on a bed, some of the neighbors were directed to rub it briskly with flannel cloths, — an order which they obeyed with great reluctance, from the thought of performing this office on a corpse; and I will admit that I somewhat entertained the same opinion. Still, I would fain hope, and urged on my friends the continuance of their exertions; the friction was persevered in; warm flannel sheets were applied in rapid succession. This treatment was continued for thirty or forty minutes, when we were gratified by hearing a feeble murmur in the throat, followed soon after by a slight quivering of the lips. The case, however, was enveloped in doubt and obscurity for a long time, as the recovery was extremely slow."

The above remarks might, with equal propriety, be applied to the subject of hanging. Many judicious general practitioners entertain the most vague and unsatisfactory notions regarding its phenomena. They not only are unacquainted with the several appearances produced in individual cases of suspension, but they really are not aware how death is produced; and, cerebral apoplexy not unfrequently being considered the cause, copious depletion employed, instead of artificial respiration, checks the vital current for ever.

The physician should also devote a portion of his time and his thoughts to that branch of our subject entitled Medical Police, "embracing the consideration of the policy and efficiency of legal enactments for

the purpose of preserving the general health and physical welfare of the community." *

Much has been accomplished within a few years in this department in Massachusetts: much still remains to be done by the individual or united efforts of the Fellows of this Society.

Allow me cursorily to notice several important changes which have been produced, within a short period, by a more enlightened public opinion than had previously existed, and then to touch upon one or two points where reform is required.

Most of us can remember when smallpox was looked upon with infinitely more dread than at present. Hospitals for the reception of the afflicted, isolated from the residences of the citizens, had, for a great length of time, been established in our metropolis; and, in later years, all who were so unfortunate as to suffer from this disease, — the most delicate female as well as the stoutest day-laborer, — were compelled by law to be carried to an island several miles from the city, regardless of the seasons and of exposure. So great has been the excitement, that, since I have been in the practice of my profession, public streets have been rendered impassable, and red flags have been suspended from the windows of the infected houses, to warn the community of their imminent danger. By a judicious regulation of the city government, imperatively requiring that every child, previous to its admission into a primary school, which is entered at four years of age, should be vaccinated, a reformation

* Paris and Fonblanque, i. 1.

has been produced which can scarcely be realized. Cases of smallpox are yearly occurring, and must ever be expected to occur in a large commercial metropolis, where there is constantly a great influx of strangers, not merely from different parts of this country, but also from all parts of the world. Still, as, by the salutary regulation I have referred to, the majority of the residents are protected, the cases are comparatively few. So slight is the excitement felt, so little the alarm, that the hospital formerly established at the island is abolished; the sick are allowed to remain at their homes, — surrounded by their friends, — to be treated by the physicians of their choice. I speak of this disease as it occurs in the city only. I am aware that in some parts of New England, and even in our own State, the greatest dread of this destroyer still exists; that, in such places, those who may have been exposed to its contagion are avoided as the pestilence itself; that the sick are most shamefully neglected by their nearest relatives, and left to suffer, if not to die, alone; that their dwellings are sometimes razed to the ground, or destroyed by fire. But these instances occur only in small villages, where the disease is but little known, — where it appears so seldom that no precautions are observed to prevent its recurrence.

Another most important change which is being produced among us relates to the burial of the dead. From the foundation of our cities, it has been the custom of the inhabitants to bury their dead in their very midst; and not unfrequently have the burial-

places been so crowded with graves, that former remains have been removed to give place to the recently deceased, or the decomposed bodies of thousands have furnished soil for the burial of other thousands. Besides, interments have been permitted by the local authorities beneath the places of worship.

Now, in the neighborhood of several of our cities and larger towns, are situated beautiful, quiet cemeteries, — removed from the noise and tumult of the world, — where the bereaved friend may visit and weep in solitude, and feel the happier and the better.

I am aware that the ostensible reasons offered for such changes have been, in some instances, the difficulty of procuring sites for burial-grounds within the city, on account of the great value of the land, and not from the fear of any detriment which could by any possibility happen to the community from the interments.

Whatever may have been the motives which have accomplished the object, the result is admirable. Various opinions have existed as to the subject of sickness ever being thus produced, — as to whether the decomposition of animal matter can ever be a cause of disease. The discussion of this subject is foreign to my present purpose; nor would I adduce the numerous instances which have been elsewhere collected, to show that sickness and death have followed exposure to the putrid gases arising from the decomposition of the human body. Whoever has paid the slightest attention to this subject can point to

numerous instances where the most offensive effluvia have been known to arise from burial-grounds. To such as have not investigated this matter, I would present a single example, — and that occurring at no greater distance from us than in the city of New York, — to show that health must at times be impaired from this cause.

In the year 1822, during the prevalence of yellow fever, numerous citizens residing in the vicinity of Trinity Church burying-ground testified, that "the stench was sometimes so powerful as to oblige many of them to shut the doors and windows of their stores and dwellings, to keep out the disagreeable and sickening smell."*

If instances can be cited of the danger to be feared during the decomposition of bodies in graves, it may readily be imagined what might take place under similar circumstances in confined places like churches. One example will prove to you what has happened from such interments. "Render, in his 'Tour in Germany,' relates that one week after the interment of a corpulent female in July, within the chancel of a church, such an intolerable fetor was extricated, as to sicken sixty out of one hundred and eighty communicants who had attended the service of the church for the purpose of receiving the Holy Eucharist, many of whom died in the most violent agonies. Suspicion was alive to inquiry for the cause of this sudden and unexpected disease, and consequent deaths. Many persons were arrested for having, as was alleged,

* Remarks on the Dangers and Duties of Sepulture, p. 54.

communicated to the consecrated elements some deleterious ingredients. By further examination, the mischief was attributed to a dead and putrefying body. Four men were employed to open the grave and coffin. Two of them dropped down and expired on the spot; the other two were only saved by exertion of the best medical talents. It is beyond the power of words, says Render, to express the horrid sight of this corpse. When the coffin was opened, the whole was an entire mass of putrefaction; and it was clearly demonstrated, that the effluvia which had issued from the body had caused the pestilential infection, which a week before had been attributed to poison.' " *

It is true that fevers may not be produced by the decomposition of animal matter; but, as has been well said by another, — "If it be admitted, as it is, that these poisonous gases destroy life, it is altogether immaterial to the victim, his friends, and the public, whether the fatal disease assume the form of fever or any other form, or whether it be ataxic, without any regular form at all." If such results have been produced by certain causes, they may again be produced; and therefore it is wrong that burials should occur in a crowded city, either in its churches or in enclosures, in the midst of its inhabitants.

But in no respect has an improvement in medical police been more strikingly shown than in the treatment of the insane.

Years ago, I frequently visited the city poor-house, to see the lunatics and idiots confined there, — not

* Op. cit.

because I received any pleasure from witnessing their wretchedness, nor with the expectation of improving their condition, but with the curiosity which is not unfrequently felt to learn their oftentimes eventful history, to sympathize and to pity. I have seen the peaceful, inoffensive idiot, who never exhibited a ray of reason, caged like a wild beast, and gazed at like one through the iron bars which confined him. I have seen the maniac chained in his dark and solitary dungeon, — entirely shut out from the world, to be removed only at his burial, — and have turned away sick at heart.

Thank God, the bereft of reason are no longer treated like brutes. An enlightened philanthropy pervades the land; our sister States are vieing with each other and with us to improve the condition of our unfortunate fellow-creatures. Hospitals, under the superintendence of well-educated, warm-hearted men, supplied with every comfort, freed from every possible restraint, save such as may be absolutely necessary, are being established wherever they may be required. Schools even are in operation to attempt the rekindling of the flickering embers, — to regenerate the unmanned. Ay! kindness and love are ameliorating what was only aggravated by unfeelingness and cruelty.

Although these great changes have been produced respecting the smallpox, the burial of the dead, and the treatment of the insane, much yet remains to be done to perfect our system of medical police.

In the year 1781, several of the most distinguished

physicians of the State associated themselves together, and obtained an act of incorporation from the Legislature, under the name of the "Massachusetts Medical Society." By their charter, they are expected "from time to time to prescribe such a course of medical and surgical instruction and such qualifications as they shall judge requisite for candidates for the practice of physic and surgery, and shall cause the same to be annually published." This course is pursued; and well-educated young men yearly present themselves to the proper officers to be examined, and, proving themselves to be competent, are allowed to become members of the Society. But we look in vain in the chapter "concerning the practice of physic and surgery," in the State's laws, for a restraint upon irregular practitioners, — for a prohibition, that none save well-educated men, and such as have shown their capability by undergoing a thorough examination at the proper tribunal, shall be allowed to act the part of a physician or surgeon. And the young physician, a member of the Massachusetts Medical Society, who has been able by the most strenuous efforts, — by great self-denial, — oftentimes by embarrassing himself for years, in a pecuniary point of view, to reach the goal for which he had so long and so ardently striven, finds, upon entering the threshold of his profession, that he is surrounded by ignorant, uneducated, unprincipled men, who have no hesitation in publicly proclaiming that they can cure all diseases; and that, too, without resorting to any of those remedies against which they know many persons have an insurmounta-

ble objection, — men who deluge the community with hand-bills and certificates of the most remarkable success, prepared for the occasion, or testified to by bribed or irresponsible persons.

In no respect is our medical police more inefficient than in this. The evil I speak of has become a public nuisance, and as such it should be treated. A great portion of every community are exceedingly credulous, — believing most fully whatever may be stated, which, to an enlightened mind, savors of impossibility. The more ridiculous and improbable the accounts, the more readily do they attract attention; and the greater the audacity of the narrator, the more certain, for a period, is he of succeeding.

I have known a delicate female, wasted with phthisis, and requiring all the sympathy and attention of her most devoted friends, persuaded to place herself under the care of one of those wretches who blasphemously warrant a cure, and subjected to the most active treatment that could be devised. A few days only were required to free her of her misery.

I have seen a strong day-laborer, treated for inflammation of the bowels with the most stimulating drinks, crying in his agony for cold water, and supplied with potations of rum and cayenne, and compelled, in his intervals of repose from the most acute suffering, constantly to repeat the dose.

A few years since, a villain, who was said to have graduated from a Southern State prison, practised in our metropolis with immense success. Mercury and venesection, in his hands, controlled all diseases. The

former in spoonful doses, and the latter to the utmost limit of the patient's strength, were employed indiscriminately. To use his own words, openly expressed and as openly boasted of, "he had drawn barrels of blood." Gross as were his proceedings, — numerous as were the victims of his malpractice, there he remained, outraging the community, until the relatives of a patient he had imposed upon and ruined made a public exposition of the case.

But why should I adduce individual instances to prove my position, when, with others equally striking, most of you are undoubtedly familiar? Besides, the physician, as such merely, can do but little in this hoped-for reform. However anxious he may be to do his duty as a good citizen, to exhibit the villany which exists on the one hand, and the unavoidable misery consequent upon it on the other, but few can appreciate his motives, or will give him credit for disinterestedness; and he is literally compelled not only to see the grossest impositions inflicted upon his fellow-men, but to feel also that any interference on his part is the surest means of increasing them. It should be the duty, therefore, of those whose education and condition in life enable them to observe and comprehend the existing evil, to endeavor to remedy it. The better part of the community should act in unison upon this subject, and then the object could be accomplished.

It is as important that the man who dispenses a remedy should be honest and competent as he who prescribes it, — that the apothecary should be educated

as well as the physician. The physician or surgeon in our larger towns, having examined any given case of disease, proposes such a course of treatment as his judgment suggests, and relies entirely upon the apothecary to combine the remedies he has prescribed. It is self-evident, that, if the prescription is not accurately prepared, the benefits hoped for from its administration cannot follow; and, if articles not prescribed are substituted for such as were advised, mischief must ensue, either by the production of a result different from what would otherwise have taken place, or by their causing a useless, if not fatal delay.

Many of our apothecaries are well educated, — perfectly acquainted with their profession, — practical chemists, — honest men. Many of them are not sufficiently educated to bear the immense responsibilities they assume. It is not uncommon for a boy with a very trifling elementary education, who has not the slightest scientific attainments or even taste, to enter the shop of an apothecary as an apprentice; and, after having remained there a series of years, during which period he has never heard a lecture on chemistry or pharmacy, nor received any instruction save what he has elicited from older apprentices, to open his own store as an apothecary and chemist. Such a state of things ought not to exist. The better class of apothecaries should unite, and produce a reformation, for their own honor and the common good. We look forward to the time when the College of Pharmacy, established during the last year, will exert a most salutary influence, — when practical lectures will be given to

such as are devoting themselves to the subject we are considering, and when every individual shall be compelled to prove his capability by a thorough examination, previous to being acknowledged an educated, competent apothecary.

I cannot refrain from referring to another point, while dwelling upon this portion of my subject. The fact is notorious, that for many years the adulteration of medicines has been practised throughout the country to a greater or less extent. To such a degree was the importation of inferior drugs carried on, that, by a law of Congress, inspectors have been chosen for several of the larger cities, whose duty it is to examine all medicinal articles that are imported; and a favorable change has already been produced. But that great impositions are still practised at home, is clearly shown in the able "Report on Adulterated Drugs, Medicines, &c.," presented at the meeting of the "American Medical Association," holden at Cincinnati a year since. No one can peruse that report without being surprised at the great number of articles which are adulterated, and the extent to which many of them are deteriorated for sale; and these, too, among such as are most universally administered.

No one could have believed, unless he had been told by gentlemen of unimpeachable veracity who had thoroughly investigated the subject, that, in our most common remedies, the greatest frauds are practised, — that ipecacuanha in powder "frequently consists of only ten or fifteen per cent of genuine ipecacuanha, mixed with liquorice or sarsaparilla. Sometimes the

powder of one of these, mostly the sarsasparilla, with tartrate of antimony and potassa, without a particle of ipecacuanha, is sold under that name." "Rhubarb in powder is greatly adulterated: either the mouldy and spoiled pieces in good lots are picked out for the purpose, or the English is ground with small portions of the better quality, or else alone, and colored with turmeric to give it the proper hue." "Castor oil is occasionally adulterated with lard oil." "Iodine is very commonly adulterated with plumbago, charcoal, and oxide of manganese." "Blue-pill, in some instances, scarcely contains any mercury at all; its place being supplied by various foreign matters, as plumbago, animal charcoal," &c. Incredible as it may appear, such impositions do exist.

In the report referred to, from which I have cited the above instances, we are told by gentlemen of the Committee, members of this Society, that, in an analysis made in Boston by a competent chemist, at the request of some of the physicians, of Turkey rhubarb, bitartrate of potassa, yellow cinchona, and ipecacuanha, "the rhubarb was one half, the cinchona one eighth, of its proper strength; the bitartrate of potassa contained ten parts of foreign matter, and the ipecacuanha was half the strength it should have been." In justice to the honest apothecaries among us, I should add the following, as one of the results arrived at by the Committee who prepared that report, "that in the large cities, particularly in the Atlantic States, bad drugs are, as a very general rule, dispensed only by inferior apothecaries."

We have a State-law to regulate this matter. In the "Revised Statutes of Massachusetts," the chapter entitled, "Of Offences to the Public Health," contains the following section: "If any person shall fraudulently adulterate, for the purpose of sale, any drug or medicine, in such a manner as to render the same injurious to health, he shall be punished by imprisonment in the county jail not more than one year, or by a fine not exceeding five hundred dollars; and such adulterated drugs and medicine shall be forfeited and destroyed."

If this Society will act, — pursue the proper investigations, — make the proper complaints, these abuses will soon be unknown.

No law can be pointed at, however, in those Statutes, which prohibits the sale of the most deadly poisons, in any desired quantity, to irresponsible persons. The inevitable result of this defect in our medical police is seen in the suicides and murders which are yearly taking place.

Who of us who have been engaged in the practice of our profession for a series of years have not heard of young men stricken down by dissipation, taking at last the draught which causes the deep, heavy, irrecoverable sleep; or of the father, degraded by vice, arousing for a time to a sense of his infamy, and hoping to conceal his ruin from his family, voluntarily prostrated upon his death-bed?

Who have not been compelled to know, in the course of their professional career, repeated instances of health being destroyed, — of life being forfeited,

by the betrayed and forsaken outcast, who, from her desire for life having ceased with the loss of her virtue, has been driven to seek in the deadly drug, oblivion?

Who is not familiar with deaths of husbands and mothers by the administration of arsenic by wives and daughters? And who does not know, that the articles procured for the purposes above referred to, have in almost every instance been traced to the apothecary's, where they were readily obtained?

So severe has been the French system of police, that Paris and Fonblanque state, that, while their work was passing through the press, an apothecary of Verdun was fined three thousand francs for selling sulphuric acid to a woman who had poisoned herself with it. No one can deny that the subject I have just alluded to is an evil of magnitude, and one that can be corrected. I trust that this Society will no longer look on in silence: their duty to the community demands that they should seek for legislative aid, — that laws should be enacted and enforced.

At the risk of wearying your patience, I would ask your attention for a moment longer to a subject which I feel ought not upon this occasion to be entirely unnoticed. Cases are continually occurring which require the investigation of a coroner.

A person, who had previously been supposed to enjoy good health, suddenly dies. The friends are in great distress. Unable to account for the decease, their suspicions are awakened that the death may have been an unnatural one, — that life may have been destroyed by man. In order to settle this matter

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conclusively, — to prevent any obloquy from being attached to the memory of the departed, or even the shadow of a suspicion from resting upon any known enemy of the deceased, a coroner is applied to. The question for him to decide is, What caused the death? Was it produced by a visitation of God? Did the person before him die by his own hand? or did he fall by the hands of another? And who is the officer supposed to be competent to decide this question? — to determine whether cerebral or pulmonary apoplexy, lobular emphysema, or asphyxia, has extinguished the spark? to say which of the numerous poisons has been swallowed, or whether murder has been committed? Who is expected to decide upon so important, — so intricate a question?

Listen to the authority of the coroner, as granted him by the laws of the State: "Coroners shall take inquests upon the view of the dead bodies of such persons only as shall be supposed to have come to their death by violence," &c. And again, "When any coroner shall take an inquest upon the view of the dead body of a stranger, or, being called for that purpose, shall not think it necessary, on view of such body, that any inquest should be taken, he shall cause the body to be decently buried," &c., &c.

Or, in other words, the coroner, in any given case, may or may not hold an inquest as he sees fit: if "he shall not think it necessary, on view of such body, that any inquest should be taken," he is not required to do so, whatever may be the circumstances in the case, but is commanded to bury the body without its being done.

To whom (those unacquainted with the facts would ask), save the medical man, could such duties be entrusted? who, save he who has obtained a thorough medical education, a perfect knowledge of healthy and morbid anatomy, and a long experience of the effects produced upon the system by the various medicines which are generally employed, could be expected to disentangle the skein? And yet medical men are not coroners.

Absurd as it may seem, the men who are appointed to settle the expediency of having an inquest or not to examine a dead body, — to select the jury to constitute the inquest, — to designate the professional man, should one be supposed by him necessary to perform the post-mortem, are individuals entirely unacquainted with medical science, and who on this account at least, if for no other, cannot be competent to determine the questions entrusted to them. I refrain from noticing this subject further: feeling it my duty to touch upon it in connection with the topics previously treated of, I could not pass it by, without expressing the hope that the day is not far distant when our coroners shall be well-educated physicians.

I have thus, gentlemen, in the most desultory manner, occupied my allotted hour; and can only hope, that, however unsatisfactorily my task may have been accomplished, no one of you will consider the time as having been entirely misspent.

OBITUARY.

Since the last annual meeting of this Society, the following members have died: —

Entered the Society.	Name.	Residence.	Age.
1804	Austin Flint	Leicester	91
1804	Joseph Torrey	Beverly	82
1804	Nathaniel Miller . .	Franklin	80
1804	Seth Field	Brookfield	88
1815	Daniel Wardwell . .	Andover	67
1815	Stephen Ball	Northborough . . .	83
1817	Zadok Howe	Billerica	75
1821	Charles W. Wilder . .	Leominster	60
1822	Leavitt Bates	Norton	81
1838	Ezekiel Wood	Douglas	46
1839	Alba Southard . . .	Boston	
1841	John Spence, jun. . . .	Boston	33
1846	Eleazer P. Wells . .	Boston	26
1849	Abner H. Brown . . .	Lowell	

Several of these gentlemen were among the most distinguished Fellows of the Society; and all of them, without an exception, were men of great moral worth. By the kindness of professional friends, I am enabled to annex the following notices: —

Dr. Austin Flint died at Leicester, on the 29th day of August, 1850, in the ninety-first year of his age. He was the son of Dr. Edward Flint, of Shrewsbury, where he was

born, Jan. 4, 1760, and a lineal descendant, in the fourth generation, from Hon. Thomas Flint, who came from Derbyshire in England, and settled at Concord, in this State, in the year 1638.

Dr. Flint was an ardent patriot, and, coming upon the stage of life just at the commencement of the Revolution, he joined the army as a private soldier when but seventeen years of age, was at the battle of Saratoga, and witnessed the surrender of Burgoyne's army in the fall of 1777. He subsequently served in the capacity of surgeon, for which he received a pension from the United States. Again, when the insurrection headed by Shays broke out in 1786, he volunteered and served as a surgeon in the detachment of militia under General Lincoln, and was present when the rebels finally fled and dispersed. He studied medicine under the direction of his father, settled at Leicester as a physician in 1783, and continued in extensive practice in that and in all the neighboring towns for about forty years, when he withdrew from practice, and devoted himself principally to agricultural and horticultural pursuits, in which he had always taken great pleasure. He continued to cultivate his garden, performing most of the work with his own hands, until within a year or two of his death.

The honorary degree of M.D. was conferred upon him by Harvard College in 1825.

During the whole of the more active portion of his life, he sustained important and responsible offices in the administration of the affairs of the town, and was for many years an efficient member of the Board of Trustees of Leicester Academy. He was a representative of the town for several years in the General Court, and, after retiring from practice, was a good deal consulted and employed as a magistrate.

His habits of life were extremely simple and unostentatious. He was always an early riser, and, during a large

part of his professional life, was accustomed on horseback to visit his patients, who of course were very much scattered. As it was no unusual occurrence in those days for many of the roads in the country to be impassable, for weeks together in winter, by the fall of deep snows, he was often obliged to make his visits on foot, and not unfrequently he walked fifteen or twenty miles or more a day on snow-shoes.

His food was always plain, but substantial; and his usual beverage was cold water. He was a thorough temperance man in practice as well as profession, long before temperance societies had existence. He not only abstained from wine and strong drinks himself, but was not accustomed to place them before his friends, even at the time when general usage would have sanctioned a different course. And thus, at the age of eighty, he had as much strength and vigor as are usually found in persons who have reached the age of sixty.

Dr. Flint was a charitable man. He not only visited and furnished medicines for the poor without fee, but contributed cheerfully his time and his money for any and all objects which were deemed worthy of patronage. Few persons in the community in which he lived gave more than he for public purposes or in private charity; and none, probably of his limited means, gave as much as he.

He was a Christian man in all the relations of life. He held firmly to the faith called orthodox, in which he had been educated; but there was not in him a particle of partizan zeal or of sectarian bigotry. All men were good in his eyes, who exhibited the Christian life in their daily conversation.

With such habits and feelings, he continued to enjoy life to an extreme old age himself, and to be an object of friendly interest and regard, not only to his family, but to all who

had the pleasure of his acquaintance, even to the close of a life of fourscore years and ten.

Dr. Joseph Torrey was born on the 18th of March, 1768, in North Killingly, Windham County, Connecticut. His father was a much-respected farmer of Killingly, and held many responsible offices in the county in which he resided. The district school, the village pastor, and two years' study with a Dr. Ainsworth, of Pomfret, prepared him for the practice of his profession. Upon the completion of his pupilage, he decided upon settling in the town of Mansfield, Conn., and actually set out for that place. On that journey, an incident occurred which shows how trivial an event may change the whole course and complexion of a person's life. As he journeyed on horseback, a shoe became loosened or lost from his horse's foot; and, stopping at a blacksmith's shop to have it replaced, he stepped into a public-house hard by, while it was done. There he found a man from the northern part of this county, who told him that there was an opening for a physician in Rowley, and gave so favorable a representation of the field that the doctor decided on the spot to go there, and not to Mansfield. Mounting again, he turned his horse homeward. Having there made the necessary arrangements, he set off for Massachusetts, some time in the year 1793, with his saddle-bags, a small sum of money, and an order for a few dollars' worth of medicines on a Salem apothecary. At Rowley he found immediate employment, and resided there until the year 1799, when he removed to South Danvers. He at once received a liberal patronage, which increased each succeeding year. In the year 1805, Dr. Torrey removed to Salem, where he soon became a leading practitioner. He had a large circle of practice at home, and was frequently called to the neighboring towns as consulting physician. For this office he possessed peculiar

qualifications in the natural kindness of his disposition, in his great simplicity and truthfulness of character, and his modest, quiet, deferential bearing towards his professional brethren.

At the obstetrical bed, he had, in his vicinity, no superior. Some years before his death, he found, by actual computation from his books, that he had conducted, either alone or in consultation with others, more than three thousand midwifery cases. Among these, were not a few of preternatural and instrumental labor; and, in these, the peculiar traits of his character, which made him the good physician that he was, enabled him to resolve difficulties and dangers from which others shrank disabled or appalled. A high sense of professional duty, a more than common readiness in adapting means to ends, and a spirit of unyielding perseverance, carried him successfully through not only these anomalous obstetric cases, but other operative difficulties.

Although he made no pretensions to special skill beyond the ordinary routine of village practice, yet, by the force of circumstances, he would sometimes be found out of course in the domain of surgery, performing exploits with all the success, and somewhat of the tact, of an expert. Thus he performed the operation for hare-lip, applied the trephine, removed scirrhous and other tumors, and operated five or six times for strangulated hernia.

His medical chart was founded on the results of his own observation and experience, guided by a few standard authors of the early part of the present century. The same authors that directed his early steps continued to be his authoritative guides in his maturer practice, and retained his reverent respect to the last.

While faithfully performing his duties as a practitioner, he exerted himself to elevate the profession to which his whole life had been devoted. He contributed several valuable papers to the "New England Medical and Surgical Journal;"

and, in pursuance of a suggestion made by him in 1779 to a number of physicians assembled at Marblehead, the charter for the present organization of the Society, whose anniversary we have met this day to celebrate, was obtained.

In all the great moral questions of the day, Dr. Torrey felt the deepest interest. The cause of temperance, especially, found in him a ready and able champion. As early as the year 1811, fifteen years before the formation of the American Temperance Society, at a meeting of a Committee convened at Salem for the purpose of devising some measures to check the alarming evil of intemperance, Dr. Torrey had the sagacity by anticipation to conceive, and embody in writing, the following four distinct propositions, which years afterwards proved the only true principles of the temperance reform, and upon which it has been so widely and successfully advocated from that time to the present: —

"1. Let each reformer set a wholesome example of abstinence, so that the proverb, 'Physician, heal thyself,' may not apply to him.

"2. Let hospitality be shown in better ways than by applying the bottle to our neighbor's mouth, endeavoring to render it as unfashionable to offer, as it has been to withhold, the liquid fires.

"3. Furnish no spirit, but a better equivalent, to laborers employed.

"4. Let associations be instituted on the above principles, and lectures, addresses, and discussions be encouraged, to enlighten the public mind."

Dr. Torrey early made an open profession of the Christian faith, by the spirit of which his life was characterized. He died Dec. 10, 1850, aged eighty-two years and nine months. No post-mortem examination was made; but there were indications of valvular disease of the heart.

[The above has been compiled from a letter from Wyatt C. Boyden, M.D., of Beverly; and an exceedingly interesting discourse by Rev. George T. Dole, pastor of a church in Beverly, on "The Claims of Medical Men on the Esteem and Gratitude of the Community;" for both of which I am indebted to Augustus Torrey, M.D. of Beverly, the fourth son of Dr. Torrey, an excellent physician and a most estimable man.]

Dr. Nathaniel Miller, the eldest son of Philip Miller, a respectable mechanic, was born in Rehoboth, Mass., May, 1771. At the age of seventeen, he was qualified at Leicester Academy for admission to College; but, for some reason, a collegiate course was abandoned, and he was placed under the tuition of Dr. Fowler, a physician, then practising in Rehoboth. At the end of a year, he was transferred from Dr. Fowler, and regularly indented, as an apprentice, for three years and a half, to Dr. Lewis Leprelete, a Frenchman, who came to this country near the close of the revolutionary war, and settled in Norton, Mass. Dr. Leprelete was a surgeon of considerable distinction. Near the close of young Miller's apprenticeship, he revisited France, and after an absence of a few years returned, and, in connection with him, settled in Franklin. He lived but about one year after, and at his death bequeathed to Dr. Miller his whole estate. In 1792, Dr. Miller, at the age of twenty-one, commenced practice in Franklin, Mass. Within the first eight weeks, he performed successfully two capital operations; — one for cataract by extraction, upon a patient from Long Island; the other for amputation of the thigh of a lad eight years old, by the name of Carpenter. Carpenter afterwards studied medicine, and is still practising in Attleborough, Mass. Notwithstanding the favorable results of these operations, he was induced,

at the earnest representations of a French gentleman, to establish himself in one of the West India islands. Accordingly, after remaining in Franklin but a few weeks, he sailed for Gaudaloupe; but, finding there every thing uncongenial to his taste and habits, he soon returned to Franklin, where he remained till he died.

His surgical practice, increasing rapidly, soon extended over so wide an extent of territory as to engross the most of his time. For the better accommodation of his general practice, he associated with him Dr. Zadoc Howe, late of Billerica, Mass., the favorite among his many pupils, and between whom and himself there always existed the warmest friendship. The copartnership continued for a number of years. About this time, Dr. Miller erected a spacious hospital for the accommodation of his numerous patients coming from a distance. For many years it was well patronized, and since its erection no fatal case has occurred among its inmates.

In 1798, and before the return of Dr. Leprelete, Dr. Miller found his first case of stone in the bladder. Having no instruments for lithotomy, he applied to a neighboring clockmaker, who furnished a grooved staff, two pairs of forceps, and a lithotome caché, under the immediate supervision of the doctor, aided by drawings from Benjamin Bell's "Surgery." At the hour appointed, with counsel and assistants totally inexperienced, he commenced his incision, found the groove in the staff, took up his lithotome caché, opened it, shut it, and laid it down. After a momentary pause, with the scalpel he deliberately divided the prostate gland and neck of the bladder, and with his untried forceps extracted the stone. This case proving successful, others soon followed; and, though he was afterwards engaged in more than fifty cases, he always operated with the gorget. His operations for hernia and cataract were quite numerous.

Cases of irreducible hernia were much more frequent formerly than now. For many years, his operations averaged nearly one a month: his last he performed successfully by candle-light, when more than seventy-five years old. In May and June, 1798, he operated upon twenty-one eyes by extraction: all recovered sight, save one, in from three to six weeks. Artificial dilatation of the pupil was not then in use. In operating, he used either hand with equal facility, and always adhered to the practice of not operating while one eye only was diseased.

Perhaps there was no element in the professional character of Dr. Miller more conspicuous than the general accuracy of his diagnosis. He made this his great study. His investigation of disease was patient, close, and laborious: every symptom having the remotest bearing upon the case was carefully analyzed. He was cautious and deliberate, never sacrificing his patient to the eclat of a brilliant operation.

In the detection of deep-seated matter, he was rarely equalled among his contemporaries; relying upon his thumbs, rather than his fingers, in its detection. His peculiar tact of examination is difficult to describe, and more difficult to acquire. When seeking for deep-seated matter, or even placing his hands upon a diseased limb, a medical spectator was very apt to desire to do the same thing in the same way. There are those of his professional survivors who can bear testimony to the great accuracy of his discrimination in the detection of deep-seated matter: indeed, so accurate was his sense of touch as sometimes to give to his diagnosis and prognosis almost an intuitive appearance.

Dr. Miller kept pace with the improvements of the day. Etherization particularly engaged his attention, though advanced age with its infirmities prevented his testing to any extent its peculiar advantages.

He was among the first to discard the use of the twisted

suture, especially in hare-lip, and also the crooked needle, from its inadequacy often to bring divided parts into exact apposition.

His social habits endeared him to all classes of the community; and there are few physicians whose acquaintance with the pulpit, the bench, or those in the more humble walks of life, was more extensive than his. The cause of education and temperance found in him a warm supporter.

The honorary degree of Master of Arts, and also the Doctorate of Medicine, were conferred upon him by Harvard and Brown Universities. For many years he was a Counsellor and once Vice-President of this Society, whose interests he always cherished.

He died June 10, 1850, in his eightieth year, of carcinoma of the prostate gland.

Dr. Daniel Wardwell died at Andover, in April last, of pleuro-pneumonia, at the age of sixty-seven. He was born in Hollis, N. H. After commencing the practice of his profession, he remained a short time in Marblehead, from whence he removed to Lyndborough, N.H. His duties being necessarily very laborious at this place, the greater portion of his practice being performed on horseback, at the expiration of five years, he removed to Andover, and remained there until his death, respected and beloved by his friends for his private worth and social writings, and enjoying a large amount of public confidence.

[Dr. Kimball, of Andover, has kindly furnished me with a letter, from which I have culled the above facts.]

Dr. Abner H. Brown, of Lowell, died a few weeks since at Hanover, N. H. of phthisis. He had filled one of the professorships at the Pittsfield School, for several years, very acceptably. He can receive no higher eulogy than that

comprised in the following extract from a letter received from Dr. Dalton: "He was a true gentleman, a ripe scholar, a rational Christian."

Dr. ZADOK HOWE was born in the town of Foxborough, Mass.; in what year I have been unable to ascertain, as he was always very reserved in matters relating to his personal history, "in reference to his age particularly, being more sensitive even," to use the words of his biographer, "than ancient maidens." Hence very little is known of him, previously to the time of his removal to Billerica, by even his most intimate friends. He entered upon the study of his profession late in life, having previously served an apprenticeship to, and afterwards for several years followed, the business of watchmaking. His preliminary education was defective, being such only as the common schools of his native town afforded; but this deficiency was by no means conspicuous, and did not prevent his occupying a high stand in his profession. He commenced the practice of his profession at Concord, N. H., where, however, he remained only a few years, but long enough to give undoubted assurance of success. At the suggestion of his friend and teacher, Dr. Miller, he removed to Franklin, Mass., and became interested with him in an infirmary for patients laboring under chronic surgical affections. This undertaking, proving less successful than was anticipated, was, after a few years, relinquished. Dr. Howe then left Franklin, and removed to Boston; but, after remaining there a few weeks, he became convinced that years must elapse before he would be likely to secure that amount and kind of patronage which would satisfy him. He accordingly removed to Billerica, where his talents and worth soon became appreciated, and secured for him an extensive business, particularly distinguishing himself as a surgeon. Here he remained until his death.

Dr. Howe was a man of superior natural sagacity, possessed of a sound, discriminating judgment, a high sense of honor, and love of truth. A cautious observer, he readily distinguished the essential from the less important symptoms of disease, and rarely failed in making a correct diagnosis. He was chary in adopting the use of violent remedies, and slowly awarded his confidence to new and vaunted ones, until ample experience had established their claim. His moral character was entirely above reproach.

For several years Dr. Howe was a Counsellor of this Society, and in 1847 was elected its President.

He had, for some years past, occasionally labored under obscure symptoms of cardiac disease, which ultimately assumed the form of angina pectoris; symptoms of hydrothorax supervening during the last weeks of his life. His death, which was sudden, took place on the 8th of March last. He talked with great calmness of his approaching dissolution on the day preceding the event, and manifested the most perfect acquiescence; expressing gratitude to God for a long and happy life, and confidence in his disposition of him in a future one.

By his will, he bequeathed three thousand dollars to the Bible Society, and the remainder of his property, amounting to about thirty thousand dollars, to erect and maintain an academy in Bellerica, "for instruction in the higher branches of English education, and such other studies as are required of young men preparatory to entering College."

The following list comprises most, if not all, of Dr. Howe's published articles: —

1. An Address delivered before the Middlesex Medical Association at Billerica, in May, 1831; published in the Monthly Journal of Medical Literature, &c., January, 1832.

2. On the Tobacco Question. — Bost. Med. and Surg. Jour. vol. xxi. p. 62.

3. The Uses of the Hay-hook, illustrated with cases. — Bost. Med. and Surg. Jour. vol. xxii. p. 69.

4. The Ligature applied under Cross-needles. — Bost. Med. and Surg. Jour. vol. xxviii. p. 75.

5. On Fracture of the Neck of the Os Femoris. — Bost. Med. and Surg. Jour. vol. xxx. p. 269.

6. The Use of the Steel Probe. — Med. Mag. vol. i. p. 89.

7. On the Operation for Hare-lip. — Amer. Jour. of Medical Science, vol. vii. p. 414.

8. Case of Tracheotomy. — Amer. Jour. of Med. Science, vol. iii. p. 347.

9. On Prolopsus Ani. — Med. Mag. vol. i. p. 598.

10. The Annual Address before the Mass. Med. Society, June, 1834. — Transactions of the Society, vol. v. p. 294.

[For the above biography I am almost wholly indebted to the kindness of my friend Dr. Dalton, of Lowell.]

Dr. Charles W. Wilder died at Leominster, Feb. 12, 1851, at the age of sixty. He was born at Ashburnham, Dec. 30, 1790. His professional studies were pursued with Dr. Haskell, of Leominster; and he received his medical degree from Dartmouth College. With Dr. Haskell he was associated in the practice of his profession for three years, when he removed to Templeton; at which place he resided eleven years, engaged in an extensive business. From thence he went to Fitchburg, where he resided two or three years, and finally returned to Leominster. At this last place he remained until his death, actively employed in the duties of his calling and his numerous public avocations. During this period, he held many offices of public trust and distinction. He was for some time President of the Worcester District Medical Society, before which, in 1843, he delivered an able dissertation on Pulmonary Consumption.

As a physician, he was eminently successful. Possessing great energy and untiring perseverance, he was a careful

observer of nature, cautious in interfering with her actions, but decisive in treatment, when action seemed required. In regard to new theories and opinions, he was willing to examine candidly, but was rather conservative. To his younger and less experienced brethren he was a safe and useful adviser. For the last eight or ten years, his health was so feeble that he relinquished in a great degree the active duties of the profession, except as consulting physician.

The whole of his career was one of active and varied usefulness. In the final disposition which he made of his property, he strikingly displayed the blended benevolence and thoughtfulness that distinguished him, by the liberal bequest of twenty thousand dollars to the Massachusetts General Hospital for free beds.

"In conclusion" — I quote from one of the journals of the day — "the people of this vicinity (that is his own) have met in his death with a severe loss. In private, he had many warm personal friends; and, in public, all will miss his untiring industry, enterprise, and public spirit."

[I have been enabled to prepare the above sketch by the assistance of Dr. C. C. Field, of Leominster, and the "Fitchburg Sentinel," Feb. 12, 1851.]

ARTICLE IV.

THE

DUTIES, TRIALS, AND PLEASURES OF THE MEDICAL PROFESSION.

BY HENRY L. SABIN, M.D.

OF WILLIAMSTOWN.

READ AT THE ANNUAL MEETING, JUNE 28, 1853.

MR. PRESIDENT AND GENTLEMEN OF THE MASSACHUSETTS MEDICAL SOCIETY,

THERE is no more honorable employment for the time to which a professional man can be advanced, than to be invited to address his brethren. It is an elevation among equals; an honor which generous men delight to bestow, and which it is grateful to receive. There is, indeed, in such a position, less distinction between the speaker and his auditors than when the aged addresses the young, or the Professor lectures to his class. Invited to address his associates in professional studies and labors, I appear not as a teacher, but as a friend with friendly greetings. I come as a brother, not to instruct the better instructed, but to enjoy with you "the feast of reason and the flow of soul." I come to wise men, men of experience and of professional eminence, to confer with them, and to suggest topics of reflection which are of common interest to the profession, and to the commu-

nity in which we live and serve. I feel thus honored, gentlemen, in addressing you to-day. We have assembled here from all parts of the Commonwealth, from the cities, the towns, the valleys, and the mountains. We come to take each other by the hand, and to exchange words of mutual encouragement and of God-speed to all good men, and true, of the healing art.

For myself and the profession in this part of the State, I welcome, for the first time, the Massachusetts Medical Society to the green fields and groves and highland forests of Old Berkshire, in the first blush of their summer glories. I welcome you to these fruitful fields, and thriving villages, and mountain towns. I welcome you to the seats of academical and professional learning, which have been reared amid these rural scenes of beauty and of grandeur. *Brethren* from other States, I welcome you to a cordial and full participation in all the deliberations and festivities of this anniversary occasion.

And permit me to digress for a moment, and welcome the alumni of the Berkshire Medical Institution to this once cheerful home of our earliest medical aspirations, — to these once pleasant and oft frequented walks, these sylvan lakes and mountain glens.

Welcome also here, to drop a tear at the sad remembrance of a Day and a Jennings of our own county, who early ceased from their labors; and of the lamented Professor Wells, whose sun went down ere it was noon, full of honors in his profession.

Welcome also to the remembered kindness and hospitality of the venerable President who stands here, almost alone, as the aged elm stands in the midst of this beautiful village, a memento of by-gone days.

We have come here from our several spheres of practical life. We have turned aside, for the purposes of this meeting, from the toils and watchings and racking sympathies of a profession which is peculiarly one of labor and responsibility. I meet you, then, not as a theorist or a speculator upon the occult sciences; not to spend an hour in spooking about in dreams, among the mysteries of Mesmerism or of the Spiritual Knockings. Nor would I here discuss any of the more legitimate subjects of science pertaining to our profession. But I meet you as a practical man, having with yourselves a common experience. I come from real life to meet medical practitioners, with whom also, as with myself, "life is real, life is earnest."

You will not, therefore, gentlemen, judge it inappropriate if I invite you to reflect upon *the Duties, Trials, and Pleasures of the Medical Profession.*

Yes, we have duties to perform. I need not have said this to you, because all medical men who are worthy of the confidence they claim, understand it full well. They know and feel that the very fact of our having offered our services to the public, as medical practitioners, imposes on us duties of the highest responsibility. So deeply is this felt, and so generally is it acknowledged, that with us the marvel is that it should be necessary to say this at all. Who

doubts it? No intelligent man, no honorable, no fair-minded man doubts it. Yet there are craven spirits in the community, who make it their chief end to raise prejudices against the medical profession, as if doctors had really banded together to dose the people to death. This is represented as having been the great secret of the profession in all ages, to learn how most effectually to kill their patients. This impudent slander is circulated in the quack pamphlets and periodicals of the day; and vast numbers of the ignorant and the credulous believe and circulate it. It may be well, therefore, on such an occasion as this, to say frankly what we think of the duties and responsibilities of medical men.

Let it be known, then, that we have no secrets in our profession, but the secrets of one's own knowledge; that is, the secret consciousness of knowing that of which the mass of the community and men of other professions are entirely ignorant. And this is a secret with us, not because we lock it up. It is an individual possession. We have studied and toiled for it. We cannot impart it to others, unless they will give up other pursuits, and study and labor for it, as we have done. How vain and preposterous is the slander, that we keep the knowledge of our profession a secret from the world, that we may use it for base and unworthy purposes!

Our books are open to all who will read them. Our laboratories and lecture-rooms are open to all who will in earnest take up the study of the healing art. Our medicines are all in the market, for the

benefit of those who know how to use them. The discussions of our medical societies are published to the world, while cases in the practice of our best physicians and surgeons are extensively reported to be read of all men.

It is quacks and the compounders of patent medicines that practise deception by pretending to some profound secret in their nostrums. And they who are the loudest in their complaints against us are the very dupes of the deception they complain of. They compass sea and land for a useless thing that is puffed in the newspapers, merely because it is said to possess some mysterious healing quality, unknown to anybody but the ignorant pretender.

But with regular physicians no such deception is practised. All that we know of diseases and their remedies, of medicines and their uses, is published in our books. And every new discovery, as soon as it is sufficiently tested, is heralded in our periodicals. It is a point of honor in the profession, that every regular practitioner should make known his discoveries for the benefit of all. And the physician who vends a nostrum, and practises upon the credulity of the people, by wrapping himself up in the mysterious secrecy of the knave and the quack, loses his rank in the profession. He is at once dishonored and disowned.

No, gentlemen; I say it in your presence, in the hearing of all who care to listen, — and you are my witnesses to the truth of the declaration, — that we have no secrets in our profession, and that we sanction the sale of no nostrums. Whatever knowledge

we have or may attain of the science or the art of medicine, we would gladly impart to all. And, more than this, if we could dose out knowledge by grains and scruples, and put it down men's throats as we do pills and powders, we would dose our calumniators till they should cry, *Quantum sufficit.* Yes, we would pour it down them, till it should mingle with the circulation of the blood, from the heart to the brain, and from the brain to the extremities, — till it should operate upon the whole system, purging away from them the whims and fancies and quack medicines, under which they have so long groaned and suffered.

I say, also, that it is the duty of medical men to make themselves masters of the science of their profession. No one should enter upon the practice of the healing art, until he is thoroughly grounded in its principles, — the symptoms and diagnosis of diseases, the nature and powers of medicines, and the history of their uses and effects. We have no right to pretend to a knowledge which we do not possess. We owe it to the community, whose confidence we claim, to know what we profess to know. If all who set themselves up as physicians and surgeons would do this, and if none who are recognized as such were ever known to depart from so plain a principle, the confidence of the people in the profession might be expected to be unshaken and universal.

But there are pretenders on every side of us, — doctors in name, as well as we; and sometimes, I regret to say, they are *of* us, — men who disgrace the profession, and forfeit the respect of their brethren,

and of all intelligent and fair-minded men, by boasting of great secrets in their practice. It is these men of marvellous cures that make the mischief. They flatter the credulous with the belief, that they can almost raise the dead by their mysterious skill; and, although the course of such men is short, and destined to end in neglect and forgetfulness, yet every *dog* of them must have his day; and the regular physician often suffers in his practice, simply because he will not descend to the baseness of pandering to the prejudices of the deluded. Yet, Brethren, there is no duty more plainly incumbent on a professional man, than to maintain the honor of his profession by an honorable practice of it. Our occupation involves a brotherhood of responsibilities. Its power of usefulness depends on the competency and faithfulness of its members. If one member is deficient in practical skill, or in the principles of an honorable practice, he casts discredit upon every other member within the sphere of his influence. Every physician and surgeon, therefore, is bound to possess himself of the requisite science and skill for a successful practice. He goes not forth as a mere man of business, to traffic in wares with purchasers whose "eyes are their chaps," and where the worst of a bargain is the loss of a few dollars. No, it is not money, nor personal interest, for which he negotiates; but life and death are dependent upon his skill and assiduity. He deals not with the strong, the healthful, and the enterprising; who, if he were a merchant, would pay him his price for the comforts, conveniences, or luxuries of

life. But the physician's skill is above all price to those who need it, and cannot be estimated in dollars and cents. He is to go at the call of the sick; and his pecuniary reward is to be a secondary consideration, an afterthought, to be realized or not, as circumstances shall determine. His business, first of all, is with the victims of disease, — the halt, the maimed, the broken, the senseless, the suffering, and often with the dying.

It is not to make a bargain that he is called, but, if possible, to perform a cure. The patient, with a burning fever, is in no condition to negotiate; and, if anxious friends solicit the physician's aid, the idea of money is often excluded by the greatness of the benefit they hope to derive from his skill and care. It is not a bargain they propose to make, but an appeal.

The life of a husband, a wife, a child, a brother, a sister, a dear friend, is in peril; and their appeal is made with tearful earnestness to all that is manly and social and sympathizing in the physician. They feel that their sick are in his hands; and they beseech him, as a friend and a Christian, to do all that man can do to stay the hand of death, and rescue their loved ones from the power of the grave.

One has only to contemplate these circumstances and relations in all their tenderness, perils, and anxieties, to see that the duties of a physician are peculiar. They are often among the most trying and important of human responsibilities; they are the duties of a man of science and skill, who is conscious that he understands the case better than the anxious friends

that are about the patient's bed. He feels bound, therefore, to act upon his own individual responsibility. His duties are his own, as he must answer to his God; they are the duties of a man of conscience, a man of heart, and of tender sensibilities; nor do I see how it is possible for a physician to do his whole duty in these cases without Christian principle. He takes, as it were, the destiny of a fellow-being into his hands. The patient and his friends trust implicitly to his skill; they see with his eyes; and wait, with anxious suspense, the indications of his hopes and fears.

How can he take all these confiding sympathies into his keeping, without feeling that his position is intensely responsible? And when medicines fail, and he must speak the word that dashes the hopes of patient and of friends, the best of all relief to the physician is to be able to direct the dying one to the Great Physician, — to commend to God those whom his medical skill is impotent to save. A sense of religious responsibility, therefore, is nowhere more appropriate than in the practice of medicine; and there are no relations in life, perhaps, in which a physician may hope to be more useful than in mingling the instructions of religion with the intimacies and confiding sympathies of the sick and the dying. Such are the duties of the medical man. They are peculiar duties. They have their foundation, it is true, like all the duties of man to man, in the general principles of justice, humanity, and religion. These duties and their responsibilities are appropriate to

none but medical men; they properly devolve upon no other men or women, and no others should assume them. If we cannot maintain this principle, and make its justice apparent to the public, our profession is not worth maintaining; it has no rights to claim, and of course no duties to discharge. On this supposition, every man would be his own *doctor;* medical and surgical science would be of no avail; no class of men would be responsible for the health of the community; mere mother-wit would take the place of the principles of science; and the sick and the maimed, of all diseases and hurts, would have to take their chances of life with "natural bone-setters," and the legendary specifics of marvel-wonders and empirics. But this it is the object of the medical profession to prevent or to remedy. It embodies the science and skill which are needful — the results of the study and practice of ages — in relieving the maladies of man. On the ground of its competency, thus acquired, to do all that man can do, it claims the confidence of the public; and no one has a right to take part in these duties who does not possess a reasonable amount of the science and skill of the profession. Nor will the truly scientific physician feel that he is competent to stand alone in his practice. Cases will often occur, in which the more he knows of their difficulties and dangers, the more he will feel the need of the advice of his brethren: consultation will, accordingly, be invited in such cases. It is thus apparent that duties of medical men are not individual and solitary duties: many of them are social and fra-

ternal. They are not the duties of a single physician or surgeon, but of the profession; and they are never properly discharged, excepting by mutual consultation and counsel. It is in this way, and not by solitary self-consequence, and the vaunting of individual skill, that the highest honor and usefulness of the profession is attained. Thus it is the duty of every medical man to identify himself with the profession by calling to his aid, in cases of great difficulty and peril, the counsel of his brethren. And he should impart to them as freely as he receives, feeling that, in honoring the profession, he honors himself; and that, in advancing the reputation of an honorable rival, he promotes his own. This is manly, generous, Christian. I would that we had no examples but of such a spirit with us. It makes us blush with shame to be told, as we sometimes are, that doctors are apt to be sensitive, jealous of each other's success, governed by a mean spirit of rivalry. Let us disdain the charge, and rise above it. Our duties call on us to mingle with sufferers; our work is in the chambers of the sick, and we share in great and tender responsibilities. We need, brethren, each other's sympathies.

Let us then give, as we would receive, heart for heart, hand for hand. Let us acquit ourselves like men, and be strong in each other's confidence, and in the honorable discharge of the duties of our profession. — But enough of duties.

The medical profession has also its trials. What profession has not? What good work was ever un-

dertaken by men that did not encounter obstacles? Who ever undertook to do his duty in any sphere that did not meet with trials? It is no strange thing, then, that has happened to us: it is common to all professions and employments. But as the duties of the profession are peculiar, so are its trials peculiar; and they are many. Is not their name *Legion?* To some doctors, in certain states of mind, their troubles seem absolutely innumerable. Yet they are not great troubles; many of them are mere annoyances, vexations, and inconveniences, that tease and fret a man, — all the detail of making pills and apportioning medicines, small business and vexatious. And then to be called up o' nights, time after time, in all weathers and seasons, to ride many miles over rough roads (as we have to do in the country), and find, after all, that nothing is the matter, is an annoyance. One is apt to think he had better have hardened his heart, and slept a balmy sleep that night. Yet he could not have known that it was the mere whim of his patient, if he had not gone at the midnight cry. And sabbath-day calls often make the doctor feel that there is no day of rest for him. These, and a thousand others of the same kind in the experience of physicians, are teasing, vexatious; and they hurt us, as eels are hurt by being skinned alive, until, as the old woman said, "They get used to it." But there are greater trials than these in the practice of medicine. To some of these I have already referred, when speaking of the mischief done to our profession by quacks, and by men of mystery and of marvellous

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Then comes the "Indian Doctor," wrapped in mystery, with a miserably-imitated, broken French accent; born in Paris; stolen from his mother by a tribe of Indians, when he was a little child; and brought on foot, across the Atlantic Ocean, and educated in a college near the "Lake of the Woods." And here he is, with a constellation of stars in the roof of his mouth, by which he can diagnose all diseases, and cure all human ills, — any thing and every thing; the more improbable, the better for his purpose. It enlists the credulity of thousands. They throng him with their money in advance, on promise of a certain cure. They submit to his incantations, take his root-syrup, and almost worship the "lying wonder," till he passes off in a drunken revel. One trial is past, but another cometh. A wonderful discovery has been made by one Thomson: the physiologists of all ages have been wrong, and all the doctors are deceiving the people, and killing them with *poticary*. "*Heat is life, and cold is death*," says the Thomsonian; and it stands to reason. Does not a man feel warm when he is alive? and is not a dead body cold? So, great masses of the people believe it; just as if a man might not be burned to death as well as frozen to death. What, then, is the remedy for

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all diseases? It is at hand. You must sweat out the "marcury" that is in the patient, clear his stomach with lobelia, and steam to life; and, to make it doubly sure, give him "red pepper pills, No. 6." Is not this a trial, — to see human life thus trifled with, and sacrificed to ignorance and stupidity?

But there is another trial. A dream has been told in Germany, and wafted across the waters. It finds here a genial soil; and *Homœopathy* is proclaimed as a remedy for all diseases, — a catholicon, a panacea. It is a new word; and, surely, it must mean something. It announces a universal principle. This, too, must mean something. "*Similia similibus curantur.*" How intelligible! How profound! It is hardly possible to give it in good English; but it means, "The hair of the same dog will cure the bite." Or, if it were not contrary to Scripture, it might mean, that, if you would cast out devils, you must call on Beelzebub, the prince of devils. Surely it is a wonderful thing, this Homœopathy. And then its infinitesimal doses are all a mystery, invisible, intangible, the quintessence of nothing! We know not what it is, nor what it does. But surpassing wonders are told of it. People get well under its application, — especially when there is nothing ails them. And so we have wrought among us cures more marvellous, and just as true, as that related in the old nursery-tale, which was got up to make children wonder and laugh, —

"There was a man in our town,
And he was wondrous wise:
He jumped into a bramble-bush,
And scratched out both his eyes.

And, when he *saw* his eyes were out,
With all his might and main,
He jumped into another bush,
And scratched them in again."

I would not intimate that any sane man practises according to the preposterous theory of Hahnemann. But there is so much mystery in the name and the principle of Homœopathy, that it awakens the curiosity of patients of the fanciful and the nervous class, and serves as a shield for all kinds of practice. The principle is followed only in name; and it is well known, Mr. President, that many who practise under this name are sailing under false colors. They look one way, and row another: they steal the thunder of Homœopathy, but practise Allopathy. To honorable men in the profession, this is a trial of patience and faith. But they must bide their day, when this, like other fancies and dreams, must yield to the settled principles of science and of common sense. It is indeed a beautiful imagination, a transcendental wonder, which is here presented as a principle. It should not surprise us that theorizing men and fanciful women are allured by it, and that lawyers and ministers and merchants, and many of the fashionable and the wealthy, already know more about medicine than all the doctors. Why, they had the headache, or a cold, and they took something, they know not what, and felt better! And a great principle was announced, — "*Similia similibus curantur.*" This, as it is itself unintelligible, means what any one imagines it to mean. So it covers all cases. It tells the whole story, and casts into the shade all science and know-

ledge, besides, pertaining to medicine and its practice. And men of science and of conscience in the profession must look on, and see the delusion, and treat it as a dream, in the face of its refined and respectable admirers and patrons.

Is not this a trial? Nor is this alone. Hydropathy, and a host of other newly discovered principles of cure, throng the pathway of the regular physician, as if all the *sons* and *daughters* of the *fabled god* of *medicine* had risen up from the oblivion of past ages to stay the progress of medical science, and allure us back to barbarism, or to act over again the dim and shadowy scenes of ancient fable. But these are phantoms that will disappear. They are spirits from the vasty deep, the ghosts of exploded errors, that have troubled the world in all ages. They are short-lived, in the light of true science. And it is the province of our profession to live them down in the future, as it has done in the past. But there are yet sorer trials than these in the medical profession. They are less imposing often, but more personal. They embitter and disturb the relation of the doctor to some whom he strives to benefit. Patients are sometimes ungrateful. There are among them some who fear not God nor regard man. Yet they are afraid of death; and, when they are sick, they have none to whom they can go but the doctor. They make him a *god* in their distress, and demand their life at his hand. They appeal to his tenderest sympathies. But, when health is restored, all this is forgotten, and the man whom your skill and watching have rescued from the

grave is your enemy. He is found perhaps among the lowest and meanest of the calumniators of the profession. He can conceive of no motive for your care of him in his sickness, but to get his money; and this he withholds, if possible. Whether this is the result of ignorance, stupidity, or the malign influence of quacks and meddlers, it is a trial to a benevolent physician, who is conscious that he deserves other returns than these from those he has labored to serve and to save. Mere antagonism and ingratitude, however, from heartless patients are not the worst of our trials. There is a disposition too prevalent in the community to attribute every failure of complete success in medical treatment to mal-practice, as if the physician had power over all the elements of nature, to eradicate all diseases, and were bound to let no man die. This disposition is especially noticeable in respect to the practice of surgery. What is a broken bone but a thing to be cured? The doctor is called to *set* it. He is expected to mend it as he would mend the broken spoke of a cart-wheel, by driving it into its place, and nailing it there. No allowance is made for the state of the patient, his physical weakness, the general concussion of the system, and the inflammation that ensues. Surely there is no difficulty in setting a bone. But the skilful surgeon, when he arrives, finds he has not a mere mechanical structure to repair, but a living man, bruised and broken and debilitated. To reduce the fracture at once would cost him his life. The surgeon wisely judges that life is more than limb. His skill is there-

fore exerted to save him alive. He waits for the proper time to reduce the fracture. And then, against weakness and pain and inflammation and exhaustion, and all the dangers of overtaxing an enfeebled constitution, he applies all the power that his patient can bear. The tone of his system is gradually restored, and in due time he rises up from his bed of pain, *a well man.* The patient and his surgeon rejoice together that he is alive. *But* the broken leg is not in all respects as it was. It is shorter than the other. The living man limps, it may be, and walks with a cane; and there are meddlers about him, and bone-setters, and quacks, and self-constituted doctors; "wiser in their own conceit than seven men that can render a reason;" and mean and craven spirits in the profession itself, — they pity the poor man with a shortened leg. Oh, yes! their compassion is awakened; they whisper in his ear, all in confidence, it is true, that the doctor ought to have known better than this. They pronounce it a botch, a failure, and assure him that the doctor was responsible to make the limb every whit as good as it was before, and, if necessary, to stretch it a little longer. They flatter him with the suggestion of a legal remedy. One and another suggest the paltry sum of three and five thousand dollars as damages. How humbling to the profession that such suggestions should emanate from their own number! Wise counsel is given, and to your amazement you are under prosecution for mal-practice. Enormous damages are claimed, and you have no alternative but to stand trial, or suffer your reputation

to be blasted, and your name to be disgraced. You owe it to yourself, you owe it to the profession, to meet your assailants. And for the first time in your life you must be taken from your family, summon your witnesses, and go to court in self-defence. To a sensitive man it is martyrdom; but it is worse than martyrdom to suffer your good name to be destroyed without a defence. This is not only *prosecution*, but persecution. And thanks to the enlightened jurisprudence of our country, that we are even able to escape from the fangs of these dastardly, stupid, and malignant combinations. Yet we do escape. We are nobly defended by enlightened and sympathizing lawyers, and protected by learned judges; and you, brethren, are our witnesses. If you approve, no fair-minded jury or learned court will condemn. This worst of our trials, therefore, this conflict with unreasonable men, is not without its victory and its triumph; and we come out of the cloud with a clearer field than if no storm had assailed us. The profession is honored in its own defence of its principles and its practice.* — I will say no more of trials.

* Since writing this address, there has been put into my hands a volume of great interest to the profession; and I cannot refrain from paying a tribute of respect to the learned author. I refer to Dr. Worthington Hooker, of Norwich, Conn., author of the book entitled "Physician and Patient," also of "Essays on Homœopathy and Medical Delusions." It is replete with good common sense, written in good style, and eminently calculated to bring about a better state of feeling between the profession and the community. Happy would it be, could it find its way into the library of every physician, and a place in his every-day reading, till its thoughts should become identified with his own. And could it be read by the people, and its truths be carefully and honestly pondered, methinks we should hear less of the evils, but more of the value, of the medical profession to the world.

Pardon me, gentlemen, if I detain you a few moments longer to speak of pleasures which far counterbalance all these troubles. The study of the science of medicine is itself a pleasure. It is the science of nature and of man. It is not a mere abstract speculation, with which the mind may be entertained and amused, with no material profit. We trace the delicate, curious, and complicated structure of the human system in all its wonderful *unity* and *variety*. We contemplate it in its normal and abnormal states, its aliment, the means of its strengthening and growth, and the causes of wasting and decay. The chemistry of life, and the powers of the vegetable, animal, and mineral kingdoms to contribute to its sustenance in health, and to its relief in sickness, — who would not delight to range over such a field for the mere purposes of knowledge? To a mind properly trained, no novel is so enchanting, no romance so enticing, as this study. We have here presented the wonders of God's hand, as they are in nature. But medicine is not a study only: it is also a practice. We pursue it, not simply for the pleasure of knowing its principles, but for the sake of applying those principles to the art of healing. The life of man, in his present state, is a dying life. His sin has brought disease and infirmities upon him. This curiously wrought form, "this harp of a thousand strings," is subject to derangement. To meet these is the object of our profession. Such is the field of its usefulness. The power to do good to our fellow-men, and the heart to do it, is a source of the purest pleasure to the

benevolent mind. To see the suffering of the sick and the wounded is itself no source of pleasure; but to relieve that suffering, and raise them up from sickness to health and conscious enjoyment, is happiness. The social pleasures also of the medical profession are great. There is happiness in mingling with the sympathies and affections of the families of the sick. The whole circle of endearment and love is often drawn with the tenderest solicitude around the bed of the sufferer; and the physician is there, not a stranger, but to be admitted to all the intimacies of the scene, to take part in their fears and hopes, and to give direction to all their endeavors to comfort and to save. If the hand of death is too strong to be resisted, and the patient dies, they honor his skill and assiduity, and freely admit him to share in their sorrows, and to weep with them that weep. And they hail him as a partner of their joys and thanksgivings when health returns. Ties of friendship and confidence are thus cemented between physicians, and the families they serve; for patients are not always ungrateful. It is not the rule, but the exception, for the doctor to be hated and maligned by those whom he has used his best endeavor to benefit. Far different are the returns he receives from the mass of his employers. The best of his pay, for his toil and watching, is often derived from the affectionate confidence of the poor, whose thanks are better than money to one who can afford to act the good Samaritan over them without pecuniary reward.

On the whole, Mr. President, we are engaged in a

noble calling. We cannot, it is true, claim the exemption of those "who are not troubled like other men," and "whose eyes stand out with fatness." But we shall avoid also the curse of such, if we are faithful to our whole duty as medical practitioners. The power of usefulness possessed by our profession is second to that of no other; and the pleasures that mingle with its toils and watchings and sorrows are perhaps as great as are to be found in any other sphere of human responsibility and labor.

ARTICLE V.

MORBID ANATOMY.

BY J. B. S. JACKSON, M.D.

OF BOSTON.

READ AT THE ANNUAL MEETING, MAY 25, 1853.

Mr. President and Gentlemen, —

Morbid Anatomy has now, for many years past, received a large share of attention in every country where medical science can be said to exist; and I have thought, without any feeling of partiality, that its claims to such distinction might be worthy of consideration upon the present occasion.

The general practitioner may well ask, and still more may the public, why post-mortem examinations should be made. They require much time, and often when we can but ill afford it. They are often very fatiguing. They are sometimes dangerous to life. And still further, the idea is one from which our feelings naturally shrink; however wanting some persons would seem to be in all such feeling, and even in the common sense of decency which belongs to the occasion. There are some who can never make up their minds to allow an examination of their deceased

friends; and, when such is the fact, we should not press them with our solicitations, though the "case" may be never so "interesting." But, on the other hand, as the friends often desire to have an autopsy made, and at the same time feel a reluctance to allude to the subject, it is perhaps best, that we should, in every case, on their account as well as our own, so far refer to it as to enable them to express their wishes; and, on the other hand, to give us whatever chance there may be of making the examination; for I maintain that examinations should always be made if possible.

They should be made, because they give a precision to our knowledge of disease that we do not obtain from the study of symptoms alone. They lay a surer foundation for medical science than these last. They show us, as it were, a stamp set upon the organs, and which seems to indicate something of the nature of disease. We feel satisfied that we have made a step forward, and upon sure ground. Sometimes we do not wait for the autopsy, but take this step upon the living body; and, though the idea to which I refer seems at first sight rather startling, it may be perfectly justifiable, I think, in some cases of external disease and of questionable diagnosis. The old observers often drew the most perfect picture of disease as manifested in the living body; but it was too often a dissolving view. It wanted the substantial reality that would have been given by a knowledge of the physical as well as the physiological changes that were going on within the body. Disease was not localized, but

organic were confounded with mere functional affections; and symptoms were grouped together with but little variation, when they were, in fact, referrible to a variety of internal organic lesions. In illustration, we have the case of dropsy, of asthma, and of some forms of fever; the disease now, in such cases, often receiving its name from the structural changes that are found on dissection. Thus, in the case of dropsy, we speak of disease of the heart, of granulated liver, or of Bright's disease; and, instead of dropsy of the brain, a child now dies of tubercular meningitis. The term asthma has been applied to such a variety of affections of the lungs, and even of the heart, that some are half disposed to do away with it altogether. As to the class of fevers, one of the most valuable discoveries that has ever been made in medical science, of late years, is, that in typhoid fever, commonly so called, there exists very generally, if not always, a certain affection of Peyer's glands. I shall speak presently of the relationship of the morbid appearances and the symptoms. Suffice it to say here, that the appearances so far characterize the disease, that we generally say that it had existed when they give us positive evidence, and without reference to the symptoms that may have existed during life. If, for instance, we find the affection of Peyer's glands just referred to, we say that the patient had typhoid fever, whatever the diagnosis may have been. How many diseases have been shown to be confounded with tubercular consumption! as, for example, bronchitis, pneumonia, gangrene of the lungs, or pleurisy; and any one of which

may have, from the first, the characters of a chronic affection. Many years ago, and before the introduction of auscultation, the physician in attendance at the Alms-house in this city remarked, in a clinical lecture on consumption, that, though he could not account for the fact, he had often observed, that, where there was an abundant expectoration of purulent and fœtid matter, the patients generally got well. Now, those cases, we may be pretty sure, were cases of gangrene of the lungs; and, by the aid of our dissections, we have come to be about as familiar with this disease as with consumption itself. By the aid of physical signs also, we are now familiar with it upon the living body; and, as the prognosis above given may seem to have been altogether too favorable, I would say that it is not more so than many amongst us would give at the present day, whatever may be thought of it elsewhere. Symptoms must be studied, so far as they go; and, if the ancients did not connect them with structural changes, it is not by any means certain that they did not appreciate the value of these last.

It is not by the study of symptoms alone, nor of morbid anatomy alone, that the science of medicine is to be advanced to the highest state of perfection of which it is capable. They must be studied in connection, in the sick chamber and in the dead room. As physiology is to healthy anatomy, so is pathology to morbid anatomy. Indeed, the relationship between these two last is such that many persons seem to have a vague idea that the terms are synonymous. This, however, is far from being the case, and a proper dis-

tinction should be made. As physiology teaches the laws of life, and a knowledge of it is to be obtained by a study of the healthy functions and organs; so, on the other hand, pathology, which teaches the laws of disease, is the science above referred to, and must be studied upon the functions and upon the organs in a state of disease. It is a great point to ascertain the laws of disease by an observation of its phenomena; and it would be well for science if we should know where to stop in our pathological investigations. The tendency, however, to theorize is so strong, that we are constantly liable to be led away into dark and unknown regions, where we lose ourselves, and but few are inclined to follow us; few, at least, who can afford us the light and support we need. We should keep upon the open track, see our way before us, and pursue it steadily. Certainly there are many points in pathology, as in every other science, that we would wish very much to determine; but if they are, in the nature of the case, fairly beyond our reach, it becomes us to know it. To show the futility of this kind of inquiry, we have only to compare together upon such points the opinions of authors of the highest reputation, of those who are equally learned, equally gifted by nature as observers, and equally desirous of the truth; and we shall often find the greatest diversity; and not merely upon some of the difficult questions in pathology, but upon some that would seem to be of comparatively easy solution. How much preliminary knowledge is to be acquired, before we can investigate, with any chance of success, many of the abstruse questions that

are often agitated! How much do we know of physiology and of general anatomy beyond what the plain observation of facts teaches us? Now, if we cannot understand the healthy processes, how can we expect to know any thing of the mode of action by which the various structural changes are induced, or by which the natural functions are disturbed? I have enlarged upon this tendency to theorize in matters of pathology, because it is not confined to the medical philosopher, but is carried by the general practitioner to the bedside, where it conjures up bugbears that are often more difficult to contend against than the enemy itself.

Anatomical appearances vary more or less, and it is sometimes impossible to decide, upon their evidence alone, as to the disease that had existed; but, more frequently, mistakes are owing to inattention. Softening of the brain, for instance, is not always very obvious at first sight, and yet it would betray ignorance or inattention to overlook it. How was it that so marked a structural change as Bright's disease, or the characteristic lesion of typhoid fever, should have been so long unobserved? Simply because the organs could not have been thoroughly examined. A few years ago, I remember to have seen a tumor that had been removed, and that showed upon incision a yellowish disorganized appearance that led many who examined it to regard it as a tubercular affection. Upon further examination, however, a narrow border of greyish encephaloid was found about the opaque deposit, which last then was nothing more than the tuber-

culoid substance so frequently found in cancerous growths, and which happened in this case to exist in an unusually large proportion.

When the gross morbid changes fail us, have we any further means of determining the character of disease? We have, to a certain extent, in the microscope. This instrument, though its application to pathological investigations is only of comparatively recent date, has come now to be so generally used that a knowledge of its powers may be considered as indispensable. And when we see the striking and often beautiful appearances it exhibits, we cannot but feel that they must have an important signification; and that they must bring us nearer to the source of disease than a mere examination of the gross structural changes, as the last bring us nearer to it than the symptoms. Much, undoubtedly, has been done; and, from what we know of the capabilities of the instrument, it is impossible to say what is yet to be the extent of its revelations. In the present state of science, however, its results, in regard to the determination of morbid structures, should be received, it seems to me, with caution. It requires, I am sure, a great deal of practice before one can become accustomed to seeing with his powers of vision increased several hundred-fold. A great deal of time also is required for these examinations, when one has become skilled in the use of the instrument; and it is not every one whose eyes will endure it. In order to settle a negative, it is not always enough to take a few specimens here and there from a diseased mass; the examination

must be thorough, and I have known hours to be spent in a single investigation. I have already referred to the case of an encephaloid tumor that was mistaken for tubercular disease; and I would say that the microscopists here were as much at fault as those who judged by the gross appearances, having taken only the central portion for examination, and overlooked that which surrounded it, and which essentially characterized the disease. Much has already been done that will require to be undone, and even by those most skilled in the use of the instrument.

The above remarks are strikingly illustrated in the case of cancer; a disease for which, of all others, we should wish to have, if possible, some certain test. The gross anatomical appearances too often leave us in the dark. But here, it was said, was a new mode of observation by which we might decide whether a structure was cancerous or not. Cells of a certain specific character were said to exist in growths of this nature, that were not to be found in any other; and this statement, having been made by some of the highest authorities, and abundantly confirmed, it was thought, by further observation, had come to be regarded as an established fact in medical science. It is now found, however, that the character of the cell is far from being so specific as it had been supposed; the form which had been regarded as so peculiar is not a universal, if indeed it is a common, appearance: and, on the whole, I doubt if we could, in a given number of cases of questionable cancerous disease, and in the present state of microscopical science, come

much nearer to the truth with the aid of the instrument, than we could without it.

The microscope, again, shows that some structures are not strictly cancerous, though they may appear to be so to the naked eye; and, in the case of a tumor removed by a surgical operation, the observation is received as very encouraging in regard to prognosis. It is well to establish the scientific difference; but there is only this difference practically, — that true cancer generally destroys life by attacking the internal organs; whereas the diseases in question effect the same object locally, returning sooner or later in the part or near it, however thorough the extirpation may have been. I do not refer so much to epithelial cancer, the tendency of which, as it affects the lip, skin, and other external parts, is sufficiently well known; but to what has been described, I think, as the local recurrent cancer, and which, I fear, the microscopists not very unfrequently mistake for a non-malignant disease, as it would have been formerly called.

The character of the tubercular deposit is another subject to which the microscope has been especially directed; and it has often enough been asserted, if it is not yet generally believed, that its character is specific. But this again is getting to be a disputed point; a very eminent morbid anatomist and pathologist saying to me, not two years ago, that in his opinion the tubercular corpuscle was nothing more than a shrivelled-up pus-cell. The disease also has been generally regarded as something *sui generis* by those who observed only its gross anatomical characters and

its general pathological history. I have, however, long been disposed to consider it as a form of inflammation; and the microscopic characters would now, I think, rather confirm that view of it, as tending to show the alliance of the tubercular deposit to the product of inflammation. I would say that the appearances, in the case of pneumonia and of one of the forms of tubercular disease of the lung, are sometimes so similar, if we examine the organ only to a limited extent, that it would be impossible to distinguish the one disease from the other. Secondly, I have seen a strongly marked case, to show that an extensive tubercular deposit in the lung might be absorbed, as the inflammatory deposit must be in the case of pneumonia; the existence of the disease was proved by the local and constitutional symptoms, and by the physical signs; and the entire absence of it was proved, when the patient died, two years afterwards, of tubercular disease of the brain. The bronchial glands, however, corresponding to the upper lobe, which was the one that had been diseased, were extensively tubercular; but this fact rather tended to prove the point in question. Thirdly, in the experiments of Baron and Jenner on rabbits, upon the absorption of the tubercular deposit, there must have been an absorption of some morbid deposit; and if the microscope shows that the granulations probably did not contain the characteristic corpuscle, and were therefore not to be regarded as proper tubercles, still I cannot but think that they were closely allied pathologically to this form of disease. I should be disposed to say further that all

the different forms of tubercular disease of the lungs are essentially the same, however much they may differ in their gross anatomical appearances; the product we see is the result of inflammation, modified by some morbid state of the part affected or of the system; and it may be absorbed in an early stage of the disease, if the general health is improved; or it may go on to suppuration, and even then show occasionally a tendency to recovery that would ally it to the process of inflammation. I have digressed thus fully upon the subject of tubercle, because its microscopic characters have been particularly studied; and, as at present received, tend to confirm, as I have already said, the views I have long entertained of the disease, and which certainly have differed considerably from those generally adopted.

The study of morbid anatomy establishes the distinction between functional and organic affections; or disorders and diseases, as they have been called. Some persons seem hardly to realize the amount of functional disturbance that may take place independently of structural change; and yet there are familiar and striking examples enough, as in the case of hysteria and neuralgia. The class of neuroses are essentially unaccompanied by any characteristic lesion; and, though appearances may be found which are the result of disturbed function, or which are no more than complications, there is nothing constant and characteristic. The nervous system seems to be, if any one is, the direct medium of communication with the vital principle; and it may, by its mere derangement, exhaust

the patient by keeping up a long-continued irritation of some one important organ; or it may be more or less general, as in the case of tetanus, hydrophobia, epilepsy, the convulsions of children, &c. We must learn what morbid anatomy will not do, as well as what it will do. Again, as the most grave symptoms may exist without organic disease, so, when this last does exist, death may occur suddenly, and nothing be found on dissection more than what had evidently existed for a long time; as in the case of disease of the heart.

In this place the operation of physical and chemical causes, in the production of disease, might be considered. The humoral pathology of former times might be alluded to, which fell through, as a mere hypothesis, but has been again raised, and now stands upon a more sure foundation.

As the study of morbid anatomy shows the localization of disease, when it is characterized by anatomical changes; so, from the study of these changes in a succession of cases, we learn the tendency of disease, whether to recovery or to death; its natural history, so to speak. This is illustrated in the case of simple inflammation and of cancer: we recognize the disease when it exists, judge of its duration, and look forward to the different stages through which it would have passed. The structural changes are as significant to the pathologist as the natural organs and tissues are to the comparative anatomist. Another striking example is that of tubercular disease, of which I have already spoken, and which is not very unfrequently

met with in different stages of arrest. Phthisis has been generally regarded as an almost necessarily fatal disease; and, if it is now looked upon in a more favorable light, it is due mainly to the revelations of morbid anatomy.

The adaptation of the organs to the functions they are to perform, as displayed in a comparative survey of man and the lower animals, is a favorite idea with the moral philosopher as well as the physiologist; and the treatises that have illustrated it are full of the most satisfactory and interesting proofs of design. Yet in what respect is the evidence of design more marked in the healthy system than it is in what we witness every day in the case of disease, from the mildest to the most severe form? A thorn in the flesh gives rise to a process of suppuration, by which it is finally expelled; or, in another case, a foreign body is buried in the deep-seated parts, perhaps in the internal organs, and it may there become surrounded by a thick, insensible membrane, within which it may ever after remain perfectly harmless. The tendency of abscesses towards the surface of the body, or, when situated internally, towards some natural outlet; the adhesions that are formed, with thickening of the tissues, to prevent an opening into the serous cavities, or to limit the inflammation if an opening does take place; the adhesions formed about a chronic ulcer of the stomach; the means used to arrest hemorrhage; the processes by which a dead part is safely separated from the living, — these are a few instances of the exercise of a power that we may find manifested in every part of the sys-

tem; and it is perhaps never more apparent than in the efforts to arrest the progress of a disease that must ultimately prove fatal.

Occasionally, this power is exercised without any external manifestations; and the disease is then said to have been latent. The animal functions are not disturbed, though nature feels the danger. Thus a patient, apparently in good health, dies suddenly from peritonitis; and, on dissection, we may find that a chronic ulcer of the stomach has perforated; the parietes of the organ have been destroyed; and death must have occurred long ago, had it not been for the adhesions that had taken place. Latency in this case is certainly quite exceptional, but then it is sometimes observed; the death being the result of the accidental, rather than of the primary disease. The consequences of a neglect on the part of nature to attend to these precautions is sometimes strikingly shown. A small tubercular cavity, for instance, may happen to form near the surface of the lung in the early stages of phthisis; and, if the usual adhesions have not formed over it, it may burst into the pleural cavity, and destroy the patient at once, whereas he might otherwise have lived for months: one of the first cases of pneumothorax that I ever saw was an example of this. In the ulceration that occurs in typhoid fever, such adhesions do not take place, and probably for some very good reason: the consequences, however, that now and then follow, we know but too well.

Sometimes nature seems to overreach herself in these efforts. The means she uses are disproportioned to

the object to be effected, and cost too much: they are intended to be ultimately restorative or protective, but they have come essentially to constitute the disease; and all the danger of the case, if there be any, depends upon them. Perhaps no more striking illustration of this remark could be found than in the case of tuphlo-enteritis, so called. A foreign body gets into the appendix cœci, or a calculus forms in it; and there it may remain for a long while, perfectly quiescent. This little offset to the intestine, which is almost peculiar to man amongst the mammalia, seems to be of no especial use; and, so far as we can see, the foreign body might as well remain there as not. Sometimes, however, nature seems to be seized, as it were, with a fit of capricious intolerance, and a determination to get rid of the offending cause, if so it can be called when it had been borne with so long and so patiently; and, to effect this object, a train of processes is then set up, which, however, interesting to the pathologist, are but too certainly fatal to the subject of them. The case of inflammation of the serous membranes may also be mentioned: a moderate effusion might relieve it, when a larger amount would perhaps compress the organs so as to destroy life.

Morbid anatomy may be studied with great advantage upon the lower animals. The powers of nature in the restoration of injured parts are often wonderfully well shown; and it is not much to the credit of human therapeutics to find how well they often bear up under disease; though it is true that the power of endurance may be greater in them than it is in man.

Endurance, however, has not much to do with the union of a broken bone; and certainly the most regular unions are sometimes met with in the lower animals. There are those who seem to feel that the study of comparative pathology is rather beneath their dignity; but, if such a feeling should arise, let them think of the origin of vaccination, and of what that alone has done for mankind. Truth is sacred, and we never need feel ashamed to receive it, from whatever source it may come: disease should be studied in the lower animals, and still further in the vegetable world. A curious subject of investigation, that may be alluded to here, is the analogy that exists between some of the morbid conditions in man and the normal condition of the same parts in the lower animals: the idea has been ingeniously developed by a German writer, and his work contains many striking illustrations.

Supposing, now, that the structural change represents the disease, how are we to recognize its presence in the living body, or the absence of it in mere functional affections? We must transfer to the sick-chamber the knowledge we get in the dead-room. Autopsies are very interesting scientifically; but they will not be generally made, nor their results read, and still less will the public permit them, unless it can be shown that they are practically useful. The morbid changes must be connected with the symptoms and physical signs manifested during life; so that, having the one given, the other may be inferred. We thus acquire the means of diagnosis, so far as it can be done. Diagnosis, above all other things, characterizes

scientific medicine; and the public, as well as the practitioner, appreciate the value of it. A patient wishes to be told, and in a manner that shall command his confidence, what ails him; if he will get well or not, and how long he will be sick; and this quite independently of treatment. As I heard it remarked lately, if physicians did nothing more than to answer such calls, the profession would still be supported.

The diagnosis of disease will become positive by the above mode of investigation, so far as it is possible; and yet, after all, there is a very great uncertainty in deducing the existence of organic lesions from the symptoms. As we may have functional disturbance without structural change, so the reverse is not unfrequently met with; and there is no organ perhaps that is not more or less subject to these latent affections. I have already referred to the latency of disease; it may be entire, or there may be constitutional without any local symptoms; it may exist in any degree, and may be quite marked where there is extensive organic disease; it is not confined to chronic cases, but is sometimes met with in the most acute inflammatory affections. Peritonitis, for instance, is generally supposed to be a well-characterized disease; but I have seen several dissections where it was entirely overlooked during life, though the cases occurred in the practice of some of our best observers. On the other hand, we are sometimes overpowered with symptoms; they are out of all proportion to any organic change that may exist; and it is difficult to say whether this case or the first requires the greater power of discrimi-

nation. To meet these cases, the mind must be well trained to observation; and the focus of medical vision arranged so that we may see in an imperfect light, and not be blinded when there is too much.

Physical signs, when they exist in a positive form, are perhaps more to be depended upon than symptoms as diagnostic of internal organic disease. The whole science of physical signs has, in fact, grown out of that of morbid anatomy. We do not see the structural changes as we do in the dead body; but we have the evidence of other senses of their existence, and sometimes almost equally positive. This is especially true of some of the thoracic affections. In the abdomen also there are various organic diseases, of which we have pretty satisfactory physical evidence, though the diagnosis of tumors in this region has generally been thought obscure. We are now, however, better acquainted than formerly with uterine and ovarian tumors, cancer of the stomach, cancer of the liver, &c.; and we are therefore able, in many cases, to recognize upon the living body the physical characters with which we have become familiar in our dissections. On the contrary, a certain disease of the liver often induces ascites: now, we know from dissections, that the organ in this case is generally smaller than natural: if, therefore, it should be felt in this form of dropsy, and still more if it were felt to be enlarged, it would be a reason, negatively, why this disease of the liver should be declared not to exist. Further, if, under the same circumstances, the spleen should be enlarged, it would be a reason for diagnosticating the

particular disease of the liver here referred to, inasmuch as obstruction of the portal system tends very naturally to produce a congestion, and, at last, a permanent enlargement of the spleen; as, on the other hand, it explains the serous accumulation in the peritoneal cavity. Here, then, a disease of one organ is diagnosed in part by the enlargement of another. Physical signs, however, sometimes lead us astray, as in the case of the various murmurs heard over the heart and large blood-vessels in nervous subjects. In an emaciated subject, the head of the pancreas, and even the bodies of the lumbar vertebræ, may be mistaken for a tumor; and, upon two different occasions, at a post-mortem examination, I have felt a small but very distinct tumor before opening the body, which proved to be the pylorus in a perfectly healthy condition. A woman once consulted me for something that she said was growing in her throat, and which she had felt with her finger: it was the epiglottis.

Physical signs are, of course, explained directly, by the changes that take place in the internal organs, and according to physical laws. But what is the relation of these changes to the symptoms of disease? The explanation here again is sometimes physical, and so far satisfactory. That beautiful optical instrument, the eye, is rendered as useless by any cause that intercepts the rays of light, as a microscope would be with its diaphragm closed; and so of some of the other special senses. In the case of thoracic disease, numerous examples might be found; the healthy performance of the functions in this part of the body

being so far dependant, more or less directly, upon the operation of mechanical laws. The lungs, for instance, are compressed by pleural effusion, and dyspnœa must ensue; or the air-vesicles are over-distended, and the same effect is produced. In the one case, the air cannot be got into the lungs; and, in the other, it cannot be got out of them. The diseases of the larnyx, acute and chronic, also afford striking examples. In valvular disease of the heart, the circulation throughout the whole system is liable to be more or less obstructed; the organs labor in the performance of their functions, and the vessels often strive to relieve themselves by a discharge of the watery parts of the blood; or they may even give way, and pour out the blood itself. Obstructive disease of the alimentary canal, or of the excretory ducts, the pressure of morbid growths on the surrounding parts, &c., may be alluded to; in a word, there is hardly an organ from which illustrative cases might not be taken. The weight of a diseased organ is an important element, and one that has not been sufficiently regarded; the lungs, for instance, become sometimes very heavy in pneumonia, and also in tubercular disease; the liver may increase in weight three or four fold; and an encysted ovary, or a collection of fibrous tumors developed in and about the uterus, may, it is known, almost equal the weight of the patient herself.

If many of the symptoms of disease can be explained physically by the structural changes, still more must be referred physiologically to the derangement of function that is induced. A machine that is out of

order does not generally work well, and so it is with the animal machine. Now, the different organs and tissues of the body have different degrees and kinds of sensibility; and so the symptoms vary. The sensations experienced under an attack of bronchitis, pneumonia, pleurisy, or pleurodynia, for instance, will be very differently expressed; and the only explanation that we can give is the one above referred to. The disturbance of the functions is generally more or less marked in acute inflammation of the internal organs, and is certainly not to be explained by any other than vital laws, — as in inflammation of the brain, of the stomach, or of the kidneys. And, if such is the explanation of the local symptoms, still more must it be of the constitutional, and of the special disturbances in remote parts of the system. How, for instance, irritation of the stomach is induced by disease of the brain, or by the passage of a calculus down the ureter, is more than we know; and we only cover our ignorance by saying that it is from sympathy: nor can we say how general febrile symptoms are excited by local inflammation. We are, perhaps, too much disposed to explain the symptoms by structural changes, when these last should often be regarded as only the anatomical character of the disease. It is often asked whether the affection of Peyer's glands is the cause of typhoid fever: certainly it is not, any more than an exanthematous eruption is the cause of the fever that attends it, however it may produce some of the secondary symptoms. The inflammation of the lungs in pneumonia is generally regarded as the cause of the

constitutional symptoms; and yet I am sure that I have seen cases where these last had preceded the local disease, as shown negatively by physical signs and by symptoms.

If it is asked what has morbid anatomy done for the treatment of disease, I would refer to what has already been said upon the subject of diagnosis, and upon which all sound treatment should be based. If a machine is to be put into working order, we must first know where and how it is out of order; and we must know too when it is beyond repair. Treatment is empirical or rational. By the first, as we learn by experience, we may sometimes do much good; and, though we cannot explain the operation of the means we employ, we are bound to use them, if we are sure of their efficacy: this is very properly called rational empiricism. The true, rational method, however, should of course be adopted, so far as it goes. If one localizes the disease he is to treat, and knows the course it will probably take, he proceeds understandingly, removes the obstacles to recovery, follows the guidance of nature, and trusts mainly to her efforts and resources: he knows when to interfere, and when to let alone. The difference between the scientific practitioner and the empiric, regular or irregular, is never better seen than in the treatment of incurable disease; where the one desists from all active measures that have not some definite object, whilst the other harasses his patient to the last with worse than useless experiments.

In the study of morbid anatomy, there is some cause

for apprehension that its importance may be over-estimated; that we may think too much of the physical effects of disease, and not sufficiently discriminate between the different states of the system under which they are produced. We know, for instance, that certain forms of external inflammation yield to a mode of treatment which in others would only aggravate the disease; and so it would seem to be with some internal affections. Puerperal peritonitis, for instance, may require active depletion in the sporadic form; and the very opposite course, of tonics, when epidemic.

Morbid anatomy has so far been considered in its relation to pathology; but it is interesting, in another point of view, to the philosophical anatomist. Structures are developed under disease that we know to exist in the lower animals, and infer in man from the functions performed, but which we cannot detect in the healthy state of the organs. A striking illustration of this remark I once met with in the case of the gall-bladder, a muscular coat being developed in it that to the naked eye was quite as distinct as it would have been in the intestine; and this development took place in consideration of the general law in morbid anatomy, that, when a mucous membrane is inflamed, the muscular coat external to it tends to hypertrophy: in this case, the mucous membrane was in a state of intense acute inflammation, and the cavity of the organ was filled with pus. The muscular coat is palpable enough in the intestine and in the trachea, but in the case of inflammation it becomes still more so: in the

trachea, however, this result may be owing to the effort made in coughing and expectoration. Another very striking example of muscular development is to be found in the case of the uterus: this structure, which, in the unimpregnated condition of the organ, is not apparent to the naked eye, becomes sufficiently developed in the gravid state; but I have never perhaps seen it so marked as it has been in some cases of fibrous tumor of the organ of long standing.

An entire organ even may be hypertrophied, and developed in all its parts, as the result indirectly of disease, and directly in consequence of an additional duty that it has to perform. This is a case of simple hypertrophy, and as much so as that of the voluntary muscles, which become so developed by exercise; the cases to which this term is usually applied being generally complicated with structural changes. If one kidney is destroyed, the other is said to enlarge; though I have never seen an instance of it. Hypertrophy of the lung, however, I have more than once seen; and some years ago I met with a very remarkable case of it. A young man died of tubercular disease of the right lung; in infancy he had had some disease upon the left side, which so entirely destroyed the lung that nothing remained, in its place, but a layer of compact cellular tissue, in which the bronchi still ramified to some extent, but in which probably no trace of an air-vesicle had existed for years; the heart lay far back in the left side, by the side of the spine; and the right lung, which was not very extensively diseased, was about double its usual

size; the structure of this last, except for the tubercular affection, being as perfectly normal as the biceps muscle would be in a blacksmith's arm.

As general anatomy is illustrated by an examination of the organs in a state of disease, so is physiology; parts that we may suppose to be essential to a healthy condition of the system being destroyed, and without any manifestation of disturbance during life. The serous cavities that seemed to be so admirably adapted to the constant play of the organs may be obliterated by adhesions; and, in the case of the lungs and heart at least, I think it may be said that the freedom of action seems often to be not at all impaired. One lung or one kidney may be destroyed, and the individual thrive nearly as well as if he had two. The spleen is an organ about which we know very little, physiologically: it may be supposed to be of some use, however, and yet its extirpation upon animals has been rather a favorite experiment, and no very serious consequence has seemed to follow; and so it may become completely atrophied, as the result of disease, with nothing to indicate it during life. I have seen it so reduced in size that it was with difficulty found; and, from its appearance, it must have been in the same condition for a long period before death. The gall-bladder is an organ that exists in some of the mammalia, and not in others; and there is no general physiological law connected with its presence or absence. *A priori*, then, we should not expect any great disturbance of the functions, if it should happen to be cut off from its connection with the liver; and

such is shown to be the fact. The cystic duct may be obliterated by adhesions, and the gall-bladder is then as completely wanting to the individual as if he had been born without one; and yet the functions may be sufficiently well performed, so far as I have been able to ascertain in these cases. Some structural changes, like malformations, seem to be experiments designed by nature for physiological observation.

The method of conducting a post-mortem examination is a point of considerable importance. It should be done with all possible neatness and despatch. It should be done with decency, both in respect to our own deportment, and in regard to the subject of examination also; personal exposure being generally quite as unnecessary and improper in the dead as it is in the living; though I am sorry to say, that, in the examination of the latter, this point is not always regarded as it should be. There is no reason why the body should, in any way, be disfigured; but, on the contrary, it should be left in a better condition to be viewed, in consequence of the examination having been made.

An examination should be made methodically. It does not matter so much what the method is; but all the organs should be examined in every case when possible, and in a way to show best the structural changes if there be any. Parts are sometimes removed in so bungling a manner that very little can be made out afterwards respecting them. I once saw a most distinguished pathologist mistake acute pneumonia for tubercular disease; and he maintained his point obstinately until the different parts were put together in their proper relation, and the disease was shown in its

successive stages; the two diseases, as above remarked, sometimes resembling each other most strikingly, if, as the mineralogists would say, we take only "hand specimens" for examination. We should trace the origin and progress of disease as well as its seat. We naturally look to the part where it is most advanced; but on the confines we sometimes see it in the bud; and it is with these slight variations of structure that we should particularly familiarize ourselves. All the organs should be examined if possible, I say, as appearances are often found that had not been expected; and the case of our illustrious fellow-citizen, the late Secretary of State, is in point. He died from disease in the abdomen; and, though there had been cerebral symptoms, they were slight and ill-defined, and had hardly been thought of. The head, however, was examined, and appearances were there found which showed that he had undergone, at some former period, a most severe attack of disease within the cranium.

It may seem hardly necessary to insist upon a knowledge of healthy anatomy, before one undertakes to examine and decide upon the organs in a state of disease; and yet the most gross mistakes are occasionally made. In medico-legal investigations especially, the liberty and even the life of an individual may be endangered by the incompetence of the person who makes the post-mortem examination. I have known the nerves to be mistaken for the ligaments, the kidney for the spleen, and that too after a considerable examination, and an ovarian cyst to be taken for a urinary bladder. A great deal of anatomy is merely

that seems to be of no use, physiologically or practically; the physical character and relations of the internal organs, and the appearance of the different tissues, being comparatively neglected.

The pseudo-morbid appearances, as they may be called, deserve especial attention, as they often lead to error. There are, I believe, natural variations in the organs as there are in the external parts. They vary, too, according to the age of the subject. They vary according to the character of the disease of which the patient has died; as it is more or less chronic, as the blood is more or less impoverished, and as the vital powers are more or less reduced. They vary according to the mode of death; changes taking place sometimes just previously to or during the act of dying, or even after death, that may be mistaken for disease. Of these changes, congestion is perhaps the most frequent; and so nearly does it sometimes resemble the first stage of inflammation, and especially in the lungs, that I believe it would be impossible for the most skilful anatomist to distinguish the two if taken apart, though it might generally be done if all the circumstances of the case were considered: as the public are deceived by the cadaveric discoloration of the depending parts of the body externally, so we often are ourselves by a corresponding condition of the internal organs. The redness of the stomach sometimes observed in persons dying suddenly during the process of digestion, and first described by Dr. Yelloley, is very important to be noticed; as, considering the circumstances under which it is observed, it might be mistaken for the effects of a corrosive poison.

Redness of Peyer's glands I have also several times noticed under the same circumstances, though the observation has not been confirmed by others, so far as I am aware: the appearance is similar to one that is occasionally met with in various infantile diseases, as in the exanthemata, croup, pneumonia, and convulsions. Cadaveric softening of the stomach by the action of the gastric juice is, to a greater or less extent, an extremely common appearance; and it is very often misunderstood, or mistaken for the effects of disease. The whole subject would seem to have been sufficiently set at rest by Mr. Hunter's original observations, and to have rendered the abundant confirmation they have received since his time unnecessary; and yet many of the continental pathologists seem hardly to realize the true state of the case; the appearance in question having been generally attributed by them, until of late years, to inflammation, and being still so regarded by many at the present day. A few years ago, I saw a stomach that had been removed from a person who was suspected to have been poisoned, and who was disinterred for examination: softening of the mucous membrane was found; and, the nature of it being misunderstood, the discovery did but little towards allaying the excitement that already existed. And here may be mentioned those impostures which nervous females sometimes practise, and which a knowledge of morbid anatomy will enable us to detect.

In concluding my remarks upon the subject of this address, I feel how inadequately I have performed my task, and how much more forcibly the importance of the subject might have been set forth. Medicine is

not one of the exact sciences, and the attempts that have been made to place it in that rank have sufficiently shown its imperfections. There are too many elements at work; and we must observe their operations, but not undertake to draw the line of action for them too closely. We must be content, then, to take medicine as it is. It has made a great advance towards exactitude of late years; and I can see no course more likely to carry it forward than the one we are now pursuing, and in which Morbid Anatomy holds so prominent a rank.

Before closing this address, Mr. President, I can but allude generally to those of our members who during the past year have been taken from amongst us; many of whom were not merely honored by the profession, but most highly esteemed by the community.

I should do great injustice, indeed, to my own feelings, and should be guilty of neglecting a sacred duty that belongs to me, in the position I here occupy, should I pass unnoticed an event that has so recently occurred in this community, and with which the members of our profession were so particularly connected. Of the crowd of human beings who were, on the occasion referred to, so suddenly hurried from life into eternity, three were Fellows of this Society; and they would probably, except for this melancholy catastrophe, have been with us at this time. They have departed; but they leave behind them a name to which such a community as the one in which we live will ever do honor; honor due to them not merely for their high professional attainments, but for what makes

the true man, — their moral worth. Two of our friends were past the meridian of life, but were still actively engaged in professional practice, and with all the advantages of a long course of personal experience; one of the many proofs of the estimation in which they were held being shown in the fact that they were each of them, at the time of their death, President of the Medical Society of the District in which they resided, and were thereby officially Vice-Presidents of the Society at large. One of them, particularly, had been for many years a most active and influential member of this Society, and his loss must be sincerely felt. Their companion was younger in years; but, being highly qualified to gain and to maintain the respect and confidence of the community and the profession, he had already received a large share of public favor; and, if his life had been spared, there is no doubt that he would have held a high rank amongst us. It is not for me, however, to eulogize the dead: those who knew them well have offered such a tribute of respect to their memory as they fully deserve, and as, I am sure, will be most acceptable to the Society. But, whilst we deplore the loss of those who were taken away, we cannot be sufficiently thankful that so many are here met together whose lives were in such jeopardy upon that sad occasion; and with what a fearful chance against them. Especially would we remember those of our associates, who, with three exceptions only, so entirely and miraculously escaped, when death in such an awful form was all about them. Hovering, as it were, upon the verge of eternity; and feeling, during those two or three moments of dreadful suspense, that

amidst the crash and destruction the very gates of another world were opening before them, what must have been their sensations when they found that they had passed safely through the terrible crisis, and that they were once more amongst the living! It must have been a scene which they never can recall without a thrill of horror; but their lives were spared; and, in the name of this Society, I would offer to them our most sincere congratulations, as I would to the friends of the deceased our heartfelt sympathy.*

* This terrible accident occured on the 6th inst., at 10 o'clock, A.M. The railway train for New Haven had proceeded but forty miles on its way from New York, when it came to an open drawbridge at Norwalk, and was precipitated at once into the river below. As it was going, at the time, at full speed, the consequences may be imagined; but they were too awful to be described. The connection of the medical profession with the accident was owing to the fact that the annual meeting of the National Medical Association had just been held at New York, at which meeting it was estimated that there were present from the New England States not less than sixty or seventy members.

The names of those of our profession who were in the cars at the time of the accident were as follows, so far as I have been able to ascertain them: —

From Massachusetts — Drs. Abel L. Peirson, of Salem; James M. Smith and James H. Gray, of Springfield; Ephraim Buck, J. Mason Warren, and George Bartlett, of Boston; William D. Lamb, of Lawrence; Jonathan W. Bemis, of Charlestown; Joseph Roby, of Newton (Professor of Anatomy at Maryland University); Lemuel Dickerman, of Medfield; Daniel Thompson, of Northampton; and Charles H. Brown, of Ipswich.

From Connecticut — Drs. Archibald Welch, of Hartford; Samuel Beach, of Bridgeport; and Levi Ives, of New Haven.

From New Hampshire — Dr. Josiah Bartlett, of Stratham.

From Maine — Dr. Benson, of Waterville; and Dr. Tallcott.

From the State of New York — Dr. William C. Dwight.

There were also given the names of Drs. Evans, Bissell, Gloss, Nevins, Russell, Romer or Rainer, and George Elizur.

Of the killed, there were Drs. Peirson, Smith, and Gray, of Massachusetts; Welsh and Beach, of Connecticut; Bartlett, of New Hampshire; and Dwight, of New York.

Of those who were more or less injured, there were Drs. Bemis, Lamb, Dickerman, and Brown, of Massachusetts; and Ives, of Connecticut: but they are all understood to be doing well.

OBITUARY.

Since the last Annual Meeting of this Society, the following members have died:—

Admitted.	NAME.	Residence.	Date of Death.	Age.
1803	Winship, Charles W.	Roxbury . . .	Sept. 1852	79
1809	Robbins, Peter G. . .	Roxbury . . .	May, 1852	73
1811	Nichols, Andrew . .	Danvers . . .	March, 1853	70
1812	Wellington, Timothy	West Cambridge	May, 1853	70
1821	Peirson, Abel L. . .	Salem . . .	May 6, 1853	58
1824	Clark, Shepard . .	Hubbardston .	October, 1852	58
1825	Baker, George . . .	Chelsea . . .	Dec. 25, 1852	56
1825	Shed, Joseph	Danvers . . .	April, 1853	70
1826	Smith, Samuel . . .	Williamstown .	June, 1852	73
1832	Bemis, David	Chicopee . . .	October, 1852	54
1832	Atkinson, John . . .	Newburyport .	August, 1852	53
1835	Clarke, Francis . .	Andover . . .	July, 1852	38
1835	Partridge, Warren .	Princeton . .	Feb. 1853	55
1839	Glazier, Amory . .	Fall River . .	1852	69
1841	Smith, James M. . . .	Springfield . .	May 6, 1853	
1841	Savery, Phineas . .	Attleborough .	May 19, 1853	53
1844	Stanly, Selim A. . .	Attleborough .	Oct. 18, 1852	43
1844	Stevens, Justin E. . .	Boston . . .	Dec. 17, 1852	30
1846	Chapman, Thomas L. .	Springfield . .	1853	
1847	Gray, James H. . . .	Springfield . .	May 6, 1853	34
1847	Wadleigh, John B. .	Haverhill . .	June 11, 1852	32
1849	Bartlett, Benjamin D.	Lowell . . .	Feb. 1853	63
1849	King, Charles A. . .	Abington . .	Dec. 1852	26

ABEL L. PEIRSON, OF SALEM.

Boston, May 23, 1853.

My Dear Sir, — I readily comply with your request that I should give a brief sketch of the life and character of Dr. A. L. Peirson. I must premise that I may do it with a partial hand; for he was a friend to whom I have been warmly attached for forty years.

Dr. Peirson was the son of the late Samuel Peirson, Esq., of Biddeford, Maine. He was born on the 25th of November, 1794, and was therefore in the fifty-ninth year of his age, at the time of his late lamentable decease. He entered our College at Cambridge, as Sophomore in 1809; and accordingly was graduated in 1812, not yet eighteen years old. He then became a pupil of mine to study medicine, and was graduated Doctor of Medicine in the University at Cambridge in 1815. I can testify that he pursued his medical studies with industry and hearty zeal. He did not look to the letter only, but sought out the spirit. Without austerity, he was strictly moral in his course of life, and he acquired the esteem of all to whom he was much known. Before his pupilage was ended, a friendship was formed between us, over which there has never passed a cloud to the day of his death. Our intercourse was always unreserved, and exceedingly pleasant; and I was frequently indebted to him for kindnesses, which I shall always love to remember.

Dr. Peirson entered on the business of his profession in the town of Vassalboro', Maine; but he did not remain there quite a year and a half. His success was as great as he expected, yet he felt that he was in too small a place. He wished also to be near those with whom he might hold useful professional intercourse. Early in 1817, he removed to Salem, where he spent the remainder of his life. He had very respectable relatives, on his mother's side, in that ancient town. Before his removal, or soon after, he became attached to his cousin, Miss Har-

riet Lawrence; and to her he was united in marriage in 1819. He did not obtain a large share of the most lucrative business in Salem; but he was always well employed, and maintained a highly respectable character in his profession. He never ceased to study, and always kept himself well informed as to the useful additions made to medical science. He was among the first to become acquainted with Laennec's method of exploring the chest for the physical signs of its diseases. At the same time, he gave great attention to surgery; and he acquired, very justly, a high reputation in that branch of practice. He was industrious in business, careful in his investigation of the cases to which he was called, skilful and judicious in his treatment of them. He loved his profession, and most especially the opportunities it gave him to exercise his benevolent feelings. He gave his heart to his patient; and, forgetting himself, he thought only of what might aid and comfort the object of his care. For many years he was very much employed in consultations throughout the larger part of Essex County, more especially in surgical cases; and probably he performed more operations in that county, within the last twenty years, than any other man.

Dr. Peirson was an active Fellow of the Massachusetts Medical Society, and for many years was one of its Councillors. Their records will show that he was almost constantly serving on the committees of the Councillors. He was also an active and useful member of the Essex South District Medical Society. He was for some years President of that Society; and he was in that office at the time of his decease. Among his brethren he was highly esteemed, and by many of them much beloved. He was a member of the American Academy of Arts and Sciences, and for several years one of the Consulting Surgeons of the Massachusetts General Hospital; and he was as attentive at the meetings of the one, and to the duties of the other, as if he had resided in the city.

Dr. Peirson was an active and useful citizen, and always

agreeable in private society. He was much interested in every cause which promised benefit to the public, and was always ready with a helping hand. He loved social intercourse. He was joyous, and promoted joy in others, while he encouraged every thing which could elevate and improve the community in which he lived. He was open-hearted and frank, warm and generous in his feelings, and always faithful in his attachments. He was sagacious in discriminating characters, but was more disposed to praise than to condemn others, and was especially ready to give full credit to his brethren who were his competitors for professional rank.

Dr. Peirson's death was sudden, and made so strong an impression on the feelings of the community, that it is needless to recapitulate the particulars respecting it at the present time. The bereavement to his family cannot be stated too strongly. He was tenderly alive to every sensation and every wish of his wife and children. But I forbear to say more of them. His fellow-citizens manifested the warmest sympathy and the deepest sorrow on the melancholy occasion of his death: hence it became necessary to have the funeral solemnities performed in the church where he had been a worshipper. The Rev. Dr. Worcester gave a sermon on the occasion. The church was thronged, and had not room for all who sought admission. The community justly felt that they had lost a true man, who had lived for others, not for himself.

His widow and five children survive him; three sons and two daughters. The oldest son has been several years engaged in the practice of medicine in Salem. His youngest has very nearly completed his education as an engineer at the Scientific School in Cambridge. They all feel that they have lost their best earthly friend; but they all submit, without undue repining, to the will of God.

I am affectionately yours,

JAMES JACKSON.

Dr. J. B. S. Jackson.

JAMES M. SMITH, OF SPRINGFIELD.

Baltimore, May 18, 1853.

My Dear Sir, — I thank you for the interest which you kindly take in what relates to my poor brother, and shall cheerfully comply with Dr. Jackson's request, in furnishing such facts as I possess. My brother and myself have been, as you know, located remotely from each other nearly all our professional lives; and, therefore, professionally, I know less of him than do his other brothers.

Dr. James M. Smith graduated in Medicine, March, 1827, from Jefferson College, Philadelphia, while I was Professor in that Institution. He was the office-pupil, first of my father, and subsequently of myself.

Soon after his graduation, occurred the death of our father; and my brother was then thrown upon his own resources.

He first settled in the town of Westfield, Mass.; and, after the probation which all young physicians toil through, he succeeded in acquiring a respectable practice, and, with it, the respect and confidence of a discerning community.

Soon after settling in Westfield, he married Miss Page, of Massachusetts.

In the autumn of 1839, at my solicitation, my brother came to Baltimore for the purpose of taking charge of my practice, during a considerable period of my absence from the city. On my return, I found him possessing the entire confidence of my patients, as well as their cordial esteem. So favorable and lasting an impression, indeed, did he leave in this community, that his untimely and dreadful death has here created a sensation scarcely less vivid than in the place of his late residence. In this community he was remarkable for conscientious zeal in the acquisition of knowledge, and the application of it for the benefit of his patients. That which does more toward inspiring confi-

dence than any thing else, — his patients soon discovered that he was deeply interested in their safety. After each period of my absence from the city, he restored my practice to me undiminished.

He would have remained in Baltimore, and would undoubtedly have acquired a large and lucrative practice; but the delicate health of his wife, and her earnest desire to be near her relatives in Massachusetts, induced him to return to New England; and, on doing so, he located himself in Springfield. The prestige of a good name, already established in that vicinity, commended him at once to the good offices of that community, and he soon acquired an enviable rank as a practitioner and as a man. At the time of his death he was, I believe, regarded in that town as at the head of his profession.

While my brother was in Baltimore, he furnished to the "American Medical Journal" a paper on Necrosis, the principles advocated in which, were illustrated in several cases appended. He contended for the necessity, at an early period in the progress of the disease, of dividing the periosteum, and often perforating the bone, for the purpose of giving issue to pus, the confinement of which, in the cavity or cancelli of the bone, is the immediate cause of its death and sequestration. His cases presented striking instances of the success of that practice.

While my brother was resident in Baltimore, there occurred a remarkable occasion for the exercise of qualities which mark the judicious and intrepid surgeon. A lad had suffered terrible compound fracture of both thighs by a railroad car. The council of surgeons present were divided in regard to the propriety of amputation. My brother strongly urged the operation, on the ground that speedy death was the inevitable result of the omission of it, and that recovery was the possible issue of the bolder course. He declared his willingness to assume the responsibility of the operation; and the case was placed in his hands. He amputated both thighs in quick succession; and, although

the exhaustion of the patient was extreme, reaction resulted, and the patient recovered. The amputations were performed so high as to be almost equivalent to amputations at the hip-joints; and I regard it as one of the most remarkable cases in the history of amputations.

The subject of the operation is now living, an industrious and useful citizen, although without a vestige of a lower extremity.

With great respect, yours truly,

N. R. SMITH.

G. C. Shattuck, Jun., M.D.

JAMES HARRISON GRAY, OF SPRINGFIELD.

For the following notice the Society is indebted to Mr. David A. Wells, the editor of the "Scientific Annual," and a personal friend of Dr. Gray:—

Dr. GRAY was born at Portsmouth, N.H., in 1819. His father was Harrison Gray, Esq., long a resident of Boston, and a leading partner in the formerly well-known publishing house of Hilliard & Gray. Dr. Gray removed to Boston when he was seven years old, and was for some time a member of the Academy at Exeter, where he completed a preparatory collegiate course, but afterwards relinquished the design of entering college. His medical studies, which were commenced with the late Dr. Henry Tuck, of Barnstable, were afterwards pursued in Boston; and he took his degree in 1840, at the Medical School of Harvard College. Dr. Gray commenced the practice of his profession in Enfield, Mass., in 1842, and remained there until the year 1844, having secured a large country practice, when he removed to Springfield, which became his residence up to the period

of his death. For the last few years, Dr. Gray's general practice in Springfield as a physician and surgeon has been very large; and he had greatly endeared himself to a numerous circle of friends and citizens. As a consulting physician, his services were often called into requisition in the towns on the east of the Connecticut River, in the vicinity of Springfield, perhaps to greater extent than any other physician of that district, especially after the death of Dr. Gridley, of Amherst.

Dr. Gray was a man of great refinement of manners, highly cultivated in his tastes, and most ardently devoted to his profession. He was well read, not only in professional learning, but also in various other branches of literature and science, particularly in chemistry. In 1851, Dr. Gray was elected a member of the American Association for the Advancement of Science. At the time of his death by the catastrophe at Norwalk, Dr. Gray occupied the same seat with Dr. Smith of Springfield, in the immediate vicinity of Drs. Pierson and Bartlett; the four being probably engaged in conversation together. Dr. Gray had left the rear car of the train, and joined the above party, about ten minutes only before the occurrence of the accident.

His age, at the time of his decease, was thirty-four. His family consisted of a wife and four children.

TIMOTHY WELLINGTON, OF WEST CAMBRIDGE.

The following notice of Dr. WELLINGTON was furnished, at my request, by Dr. B. E. Cotting, of Roxbury:—

Dr. Wellington was born at Lexington, of respectable but not wealthy parents, October 8, 1781. Early desirous of an academic education, his youth was passed in self-culture, and in earning the means for further progress. He

entered Harvard University, at an advanced standing, in 1803. Performing there with cheerfulness and alacrity the services then required of beneficiaries, he maintained a respectable position in his class, and graduated in 1806. In his senior year, he was permitted to attend a course on anatomy by Dr. John Warren, on condition of taking care of the lecture-rooms. Becoming deeply interested in these lectures, he abandoned his original intention of studying divinity, and, on leaving College, commenced the study of medicine with Dr. Waterhouse, at the United States Marine Hospital in Charlestown. Subsequently he studied with Dr. John Gorham; at one time having charge, under that gentleman's direction, of the Boston Almshouse; then, as since, a most desirable situation for the faithful student to acquire practical knowledge in all the branches of medical science. During College vacations, he had taught district schools; and he now maintained himself by instructing private classes, while pursuing his professional studies. In 1809 he received the degree of Master of Arts. The same year he took, according to the custom of that period, the degree of Bachelor of Medicine: that of Doctor of Medicine was conferred upon him in 1811. He became a member of the Massachusetts Medical Society in 1812.

In 1809 he commenced practice in West Cambridge, a town not long before formed of the north-western, or Menotomy, precinct of Cambridge. The place was then quite small; and its lucrative business, if any, was included in the extended circuit of Governor Brooks, the leading practitioner in that section of the country. The inhabitants gave him a kindly reception; but it was necessary for him to eke out the first year's scanty subsistence by teaching the village school in the winter season. Nevertheless, he struggled on hopefully; and in a few years his practice embraced the whole town and neighboring villages. Ever active and untiring, through the forty-four years of his practice, he never failed to answer speedily and faithfully any professional summons, however unimportant.

He took a deep interest in all the concerns of the town, contributing his time and energies to its advancement; but he would never consent to public service beyond its limits. He loved the science of agriculture for its own sake, having in youth labored on his paternal acres; and he cheered on its humble followers by precept and example. In the midst of his varied labors and duties, he found time for much reading and study; not confining himself to professional works alone, but making an acquaintance with all standard English writers, and keeping fresh his knowledge of the Latin classics. Very many of the more elaborate works on History he read aloud to his children. Delighting greatly in communicating knowledge, he generously extended a helping hand, and unweariedly gave encouraging assistance, to such as he found striving for a better education; a timely aid, which many now in useful and honorable life gladly acknowledge with heartfelt gratitude. In him the schools and other literary institutions of the place found their most active advocate and firmest supporter. He has left a legacy to the public library of the town. His love for his Alma Mater was ardent and unabating. He defended her with energy and effect when assailed by popular prejudice; and was always to be seen at her anniversaries and festive occasions. He was a staunch advocate, and an active member of the Massachusetts Medical Society. He was Councillor of the Society for more than twenty years, and its Delegate to the American Association on several occasions. He was also the President of the Middlesex District Society.

He wrote but little, and published almost nothing; yet the manuscript volumes of some of his favored medical pupils, of notes of his discourses to them on the whole round of medical subjects, attest the extent and thoroughness of his acquisitions. It is to be regretted that he could never be induced to make more public the results of his ripened experience and accurate observations. Though educated in the old school, he early became an advocate of the expectant method of practice.

Dr. Wellington was twice married. By his first wife he had one son, now a physician of high respectability and in full practice. Two other sons and two daughters, with their mother, also survive him. By careful frugality he accumulated a moderate property, sufficient to continue to his family a respectable competency. He gave freely, but with discrimination; and maintained an unsullied honor in all his dealings. He never ignored the friends of his youth, and held ingratitude in utter abhorrence.

Eminently social in his disposition, happy to the utmost in his family relations, the delight of the young and the old, the appearance of his silvered locks and radiant countenance was the signal for spontaneous gaiety and unreserved sociability.

In the sick chamber, that unaffected sympathy with human suffering and apprehensions, which at once secures the confiding reliance of the afflicted; that gentle kindness of manner, which deprives of their terror the most fearful appliances; that unpretending and unostentatious abandonment of self to the emergencies of the endangered; that cheerful, trusting serenity, which "allures to brighter worlds" when hope faileth, — these, all of these, were his, and gave to his professional visits the highest charm and most potent efficacy.

On Monday, the 2d inst., while preparing to go to New York, as a Delegate to the American Medical Association, he was seized with a severe pain in the left thorax, near the heart. This increased in severity during the night, but abated on the day following. On Wednesday he was able to go out. On Thursday he resumed his professional labors, visiting his patients till late in the evening of that day. At midnight he was awakened by a storm raging without; and, while remarking that it would have been a bad night to have crossed the Sound on the return-passage from New York, he was again seized with the pain in the heart, and almost immediately expired. In the midst of life, he was in death; departing, as he had always wished, before his usefulness had ceased, and without a struggle.

Thus passed away a devout man, pure in heart, and of exemplary life. The community where he dwelt have met with an irreparable loss. The guide and kind adviser of the young, the wise counsellor, the peacemaker, the faithful and enduring friend, the good physician, has been taken from them. That beautiful town will henceforth bear a saddened aspect to its returning children as they cross its borders; and many a tear of heartfelt sorrow will be dropped at the grave of its greatest benefactor, Dr. Wellington.

May 28, 1853.

PETER GILMAN ROBBINS, OF ROXBURY.

A friend of Dr. Robbins has sent the following notice: —

Dr. Peter Gilman Robbins was the son of the Rev. Dr. Chandler Robbins, of Plymouth, Mass., and was born at Plymouth, December 10, 1779. He entered Harvard University; but in 1799, while in the junior year, was deprived of the means of continuing there by the death of his father. He left College, therefore, and went a voyage to Calcutta. On his return from the East, he studied medicine for a time with Dr. Thomas Kittredge, of Andover. In 1808 he commenced the practice of his profession at Lynn, and became a member of the Massachusetts Medical Society in 1809.

In December, 1817, he removed to Roxbury, and there continued to practise, more or less, until the year 1850.

In January, 1850, while on his way to Plymouth, he was severely injured in the hip-joint by a railroad accident. Thus made a cripple, he never fully recovered his previous health; and he died May 18, 1852, aged seventy-three years.

ANDREW NICHOLS, OF NORTH DANVERS.

We are indebted for the following sketch to Dr. Samuel A. Lord, of Danvers: —

Andrew Nichols was born in North Danvers, Mass., on the 22d of November, 1785. He never received a collegiate education; but from his earliest life manifested a mind of strong powers, of great inquisitiveness, and a restless earnestness to know more and more. He knew no idle hours. He had no indolent nor indifferent feelings and habits. He was active, attentive, thoughtful, generous even to a fault, honest, persevering, ardent in his temperament, so that some might have called him impulsive and hasty.

His time and attention were wholly devoted to his business, not merely his practice, which was always large, but to all those collateral branches of science which would interest and aid him in the varied duties of his profession.

He studied medicine principally with the late Dr. Waterhouse, of Cambridge, of whom he always spoke with great respect, and of whose professional zeal he largely partook. After receiving his degree as a medical practitioner, he commenced practice in South Danvers, in 1806, at the early age of twenty-one.

He was one of the early Councillors of the Massachusetts Medical Society, of which he became a member in 1811, and retired in 1846.

He was, for many years, President of the Essex (South) District Medical Society, and was succeeded by the late lamented Dr. Peirson, whose great worth as a man and physician will be spoken of by another.

For thirteen years he was Treasurer of the Essex Agricultural Society, and one of its most valuable members.

In 1833, at the formation of the Essex Natural History Society, more recently styled "the Essex Institute," Dr. Nichols was elected President; which office he held until

his resignation in 1845, and since which time he continued to be an active and valuable member till his death.

He was frequently appointed to places of trust and responsibility in his own town, giving evidence of the great confidence which his fellow-citizens always had in him.

He possessed a strong physical constitution, was of large frame, had a fine head, with a strikingly marked benevolent countenance. He continued in full vigor of mind and body until his last sickness, with which he patiently lingered for several weeks, until the evening of the 30th of March, 1853, when he expired at the age of sixty-seven years.

Such was the more public life of our late friend.

But he possessed other qualities which will far outlive those we have mentioned, in the memory of his friends. He had a power of character, an activity of mind, and a noble and widely known kindness of heart, which will affix a more lasting monument to his memory than all the names and emoluments of earthly honor could do.

He had from the first an extensive practice. He was to very many the beloved physician. Throughout his entire course of practice, he was always prompt and ready at his bidding to the sick-chamber. He started as quickly and willingly for the poor as for the rich. In season and out of season, by day and by night, he gladly went forth to do what he could to alleviate the sufferings of the sick, and to soothe the agonies of the dying. And, despite the slander which many cast upon our profession, I have known him, in these later years, to mourn as a child, at the sick and dying bed, at the sorrows and grief of the afflicted. And it was no false feeling. For he was remarkable for the depth and truth of his feelings. They were so strong, that oftentimes, when duty called him to scenes of suffering, he would gladly have hastened the other way. But he would never flee from duty. He was true and steadfast to his trust even to the end. Many who have known his kindness, and enjoyed his watchful attention in their distressful hours, will fondly and long think of him, and mourn that

his presence and skill can no longer relieve their pains, and heal their sickness.

He loved, almost with a reverential feeling, his profession. He was kind and honorable in all his relations and intercourse with its members, whether young or old. He never harbored resentment nor suspicion, but was ever ready to assist by his counsel, and benefit by his advice.

He grew in his profession. He kept pace with its progress. He studied till he died, that he might know more and better of the intricacies of disease, and be more skilled in the best and most approved methods of treatment.

He may, at times, have been over-confident in the probable success of newly discovered therapeutical agents; but, at all times, he was considerate and cautious. He was not without zeal; but his zeal was generally regulated by an intelligent judgment. He was the author of several articles on medical subjects, which appeared in different medical journals. In 1836 he delivered the Annual Address before the Massachusetts Medical Society, on "Irritation of the Nerves," which was regarded as an able discussion, and is preserved in the printed volumes of the Society.

Botany, both general and medical, was a favorite and absorbing study with him; and it was his delight to withdraw from the trying and frequently fatiguing scenes of the sick-room, and ramble in the fields and forests in search of plants and flowers. He made such recreations his study, and thus attained to that knowledge of botany and natural history which gave him an enviable reputation among scientific men. Many of our most eminent men in these branches of science sent to him for information and instruction; and his name is frequently found connected with some society or organization whose object was the advancement of Natural Science. His mind seemed to be invigorated by such pursuits, and his heart was thus often touched with reverence and wonder; and so from Nature he would look up, and humbly worship the author, the God of its creation. It would be a lengthy but pleasant task to give the full

character of Dr. Nichols in his relations to these studies; but there is not space in any brief sketch.

His example should be studied and imitated by those who would rightly regard the importance and interest of such pursuits. Nature never ceases to instruct the willing mind. The careful and constant study of her varied works will continually open rich fields of inquiry and useful knowledge.

Dr. Nichols was possessed of a large degree of literary taste. He read and thought much. In conversation, especially on a subject of interest to him, he was usually both animated and instructive. He has left behind many printed addresses on a variety of subjects.

In 1811 he delivered an address to the officers and brethren of the Jordan Lodge of Freemasons, in Danvers, of which body he was the first Master. And from the beginning of his connection with them, he held a high and esteemed rank as a worthy and faithful member. In 1831 he wrote and published a poem on the "Spirit of Freemasonry."

In 1819 he delivered an address in his native town on "Temperance and Morality," which was printed, and which, at this day, might again be delivered and read with profit; for it must be doubted whether any great advance has been made in these respects since that time. Dr. Nichols was always warmly interested in whatever would tend to improve the social and moral condition of his fellow-citizens.

In 1852, June 16, at the centennial celebration of the town of Danvers, he took an active part. He wrote a poem, adapted to the occasion, entitled "Danvers," which is published, and contains matter of much interest to all who were interested in that day, or who look upon Danvers as their home and native town. It possessed great merit, and reflected much credit upon its author. All who were present at that time will remember his appearance, and how animated, cheerful, and happy he was.

But we will close our sketch by a brief allusion to his

more private character. Dr. Nichols possessed, what is so rare in many, an unusual sense of personal honor, and self-respect. He was very scrupulous of saying aught against the rights of his fellow-men. He could never wound the feelings or confidence of any one by a miserable and despicable suspicion. No unkind feeling, no slander, no malice, ever reached his heart. This was impossible. No harsh or unkind expressions, or mean insinuations, could escape his lips. He could harbor no resentment. And if ever, in times or scenes of excitement, he lost his natural good temper, it was but for a moment. He would quickly forgive. He would forget, that he, too, might be forgiven. That charity which suffereth long and is kind was his, and seldom failed him through his long life. How many, how many, have been the recipients of it!

A religious character, which is the summit of true greatness, was not wanting in him. When not prevented by the imperative calls of business, he was always in his place at church, and took an active interest in its welfare.

He venerated the truths of his religion. An interesting fact with regard to him was his habit of noticing his birthdays: he would often celebrate them in verse; and, on his very last, he wrote at some length on the probable shortness of his life, and all in a very humble and devotional strain.

But the honored physician, the respected citizen, the kind friend, has gone from us. May his example ever be fresh in our memory; may his good deeds stimulate us to the same; that when we, his brethren, shall go to our rest, we can look back upon lives as well spent as his.

The two following notices were received from Dr. Thaddeus Phelps, Secretary of the Bristol District Medical Society: —

Selim A. Stanly, M.D., aged forty-three years. Dr. S. was born in Attleborough; practised his profession in Bellingham and Franklin; and finally came back to his old home to die of consumption, Oct. 18, 1852.

Phineas Savery, M.D., aged fifty-three years. Dr. S. was born in Wareham, and graduated at Brown University in 1824. He practised his profession in Attleborough for twenty-six years, and died of paralysis, much esteemed and universally regretted by a large circle of friends and patients.

The "Boston Medical and Surgical Journal," for June 1, 1853, contains a notice of Dr. Savery; and also one of Dr. Welch, of Hartford, Conn., who was killed, at the time of the accident, at Norwalk.

ARTICLE VI.

THE

PROGRESS OF MEDICAL SCIENCE.

BY WILLIAM WORKMAN, M.D.

OF WORCESTER.

READ AT THE ANNUAL MEETING, JUNE 21, 1854.

Mr. President and Fellows of the Society, —

If I were required to give "a reason" why I occupy this place to-day, my reply would be, I am here, not voluntarily, or "on instinct," but "upon compulsion." The counsellors have imposed upon me, perhaps rather inconsiderately, the solemn duty of addressing you on this occasion of our time-honored anniversary meeting; and I felt that there was no alternative left me but to attempt to fulfil the duty. I am not insensible to the honor they have conferred in assigning me this duty, but appreciate it most highly; and can now only regret my inability to perform the service required, according to the standard of literary and professional excellence exhibited by my distinguished predecessors.

I propose to speak of the progress of medical science; and beg your indulgence, while I endeavor to illustrate it, by referring to a few of the facts in medi-

cal history, and some of the methods which have been employed in different ages for its promotion and advancement.

The primary object of all science is the discovery of truth. In the march of scientific improvement, medicine has been no laggard, but has kept equal pace in all ages with the other departments of science, even if it have not at times gone in advance of them. Truth is everywhere so mingled with error, and obscured by it, that it often requires much experience and sound judgment to discriminate the one from the other. The discovery of scientific truth has, consequently, been the result only of patient labor, generally taxing the energies of many minds to demonstrate its reality and define its limits. Absolute truth is eternal, — immutable. It is affected by no conditions, and never changes. Relative or conditional truth is more or less affected and varied by circumstances and relations. The animal organism is exposed to so many contingencies, and influenced by so many circumstances and conditions, external and internal, in health and disease, that the latter form of truth must necessarily constitute to a great extent the basis of medical science. Hence there can be no universal theory or absolute law, applicable to all cases, at all times and under all circumstances. Such a law has been earnestly and perseveringly sought by medical men for more than twenty-five hundred years at least, and the history of medicine clearly demonstrates the futility of the pursuit. Medicine, then, — more especially practical medicine, — can not be

classed among the exact or demonstrative sciences. It must be constituted of such general principles as may be philosophically deduced from facts and observation, and can only be successfully applied by the exercise of reason and judgment. There is no sectarianism in true science: it is liberal, charitable, beneficent, always progressive, and always conservative. It knows no such distinctive phrases as "old school" or "new school:" they do not belong to its vocabulary.

In reviewing the history of medicine, one can hardly fail to be struck by the fact, that two prominent methods have been pursued, for the improvement of their science, by medical philosophers of all ages, — the one by speculation, the other by observation. The votaries of the former method have sought to establish their doctrines upon hypothetical bases, by logical subtleties, reasoning upon the nature of things; or by bending facts, so far as they were able, to the support of imaginary theories.

The method of observation, the one which almost universally prevails at present, has had its occasional adherents in ancient as well as modern times; has been adopted by men of a more practical character, of less imagination, but more common sense; men of patience, content to watch carefully the operations of nature, to examine *things* instead of ideas, to record facts and gain knowledge by experience and the sober deductions of reason, rather than seek it by speculating upon fanciful abstractions.

The prevailing tendency of the ancient physicians

was to speculate and theorize, rather than observe; yet there were practical observers in ancient as well as in modern times. HIPPOCRATES, the reputed father of medicine, was eminently a practical man, an attentive and patient observer of nature, and, to a certain extent, a really inductive philosopher. His accurate descriptions of acute diseases, his histories of epidemics, and the atmospheric constitutions of different seasons, have hardly been surpassed by observers of any succeeding age. His writings contain so much that is true to nature, and so much of wisdom, that they have been received with reverence even down to the present time. He had his theories, indeed; but they were always subordinate to the teachings of experience and a sound judgment.

The ancient Grecian philosophy maintained, that all matter is composed of four elements, — fire, air, water, and earth; and medical theories may have generally taken their hue from the current philosophy of the time. On the doctrine of the four elements, therefore, Hippocrates may have founded his doctrine of the "four cardinal humors," — of "blood, bile, black bile, and phlegm." Health was supposed to be dependent on the due quantity, quality, and mixture of these elements or humors. Any derangement of this proper balance of the humors, it was supposed, would generate morbid humors in the organism, which were assumed to be the prolific cause of disease. In order to restore health to the system, the process of "*coction*" of the natural humors of the body was supposed to be instituted, by which the morbid ele-

ments were to be separated from the tissues, elaborated into a morbid material, and in this form expelled from the system. The period required for the completion of the "*coction*," and expulsion of the morbid material, was regarded by Hippocrates as critical. Hence the theory of crises, or critical days, which was founded partly on observation, and partly on the above hypothesis of the humors, and contains some truth mixed with some error. Whatever may be the proportion of the one or the other, it is a matter of history that crises in acute diseases have been regarded with more or less favor by the majority of physicians, down to the present age, though they have been explained upon different principles at various times. In his theory of critical days, Hippocrates recognized a great fact, which, though he probably had no distinct perception of its true import, dimly foreshadowed a fundamental truth or principle in nature, which it was reserved for a distinguished Fellow, and former President of this Society, first clearly to define and exhibit to the world, as manifested in the class of "self-limited diseases."

Passing over many distinguished names, and a period of some five centuries, we come to another illustrious individual, GALEN, who created a memorable epoch in the history of medicine. He flourished in the latter part of the second century of the Christian era, and, by his commanding genius and great learning, exercised almost absolute control over the medical opinions of his own and many succeeding ages. Galen adopted the Hippocratic theory of the

four humors constituting the human body; and assumed three attributes or faculties of the soul, as governing the vital functions of the system, which he assigned to different regions of the body. The first he called the vegetative faculty, and supposed it to be seated in the liver, and its office to regulate and govern the "reproductive, augmentative, and nutritive" functions. The second, or irascible, he located in the heart; and the third, or reasonable, in the brain. In addition, he assumed the existence of certain vital spirits, generated in the several organs, whose agency was to execute the commands of the soul, in regulating the functions of the body in health, and restoring it when diseased. In his pathology, Galen assumes agencies and entities quite as hypothetical and absurd as those he attributes to the soul, in carrying on the natural functions of the body. Among his voluminous speculations, Galen is said to have written much of practical value, the result of observation and experience. He was a disciple of the philosophy of Plato and Aristotle, thoroughly versed in all the metaphysical subtleties of his age; a most skilful dialectician, believing that principles were only to be deduced from a contemplation of the nature of things, and not from observing the things themselves, and the principles thus discovered: "dialectics should suffice to determine their application." Galen is said to have written more than three hundred volumes; and by his vast learning, the acuteness of his logic and the power of his eloquence, he was able to overwhelm all adversaries, and to hold the medical opinions of the world

in complete subjection to his dogmas for a period of more than fourteen centuries.

Medicine was cultivated and much was written by the Arabian and Egyptian physicians, men of great learning; and also by the Grecians and Romans, for several centuries after the death of Galen; but all adopted the doctrines of their great master, and but little substantial improvement was made.

Then followed the long, dreary period of the dark ages, and the "chaotic confusion consequent upon the barbaric invasions," during which, whatever of learning and science was left on earth, was shut up in the cloisters of monks; and the practice of medicine, as of other liberal professions, fell into the hands of ecclesiastics; and "priests, abbots, and bishops officiated as physicians to kings and popes."

From the ninth to the fourteenth century, the church assumed the responsibility of regulating all things, — the practice of medicine among others. Medical education was neglected; some of the female religious orders were introduced as medical practitioners; the qualifications for the practice of physic became reduced to the lowest standard; and, in this state of things, "crowds of low, ignorant persons, barbers, bathmen, and women, assumed the titles of curers of disease."* A most extraordinary parallel this, to a large class of practitioners in the middle of the nineteenth century!

The revival of education was commenced in the

* Medico-Chirurgical Review, for April, 1847, p. 399; from Renouard's History of Medicine.

thirteenth century, when the ecclesiastical schools of the cathedrals were erected into universities by the popes, in which medicine and law, as well as theology, were taught; all, however, under the strict surveillance of the ecclesiastical power.

These institutions wrought no notable results for medical science until after the commencement of the fourteenth century, when an extraordinary individual appeared upon the stage, at Montpelier in France, in the person of GUY DE CHAULIAC, who distinguished himself by his devotion to observation, by his writings, by urging the importance of dissections, and by introducing many improvements in surgery; operating for cataract and for the radical cure of hernia, and performing many other minor operations. Malgaigne quotes from him a most noble and beautiful description of the qualifications of a surgeon, which is worthy of all praise and imitation, even in this enlightened age. A surgeon, he says, "should be well read, expert, ingenious, and very moriginous," that is, "bold in sure things, careful in danger; he should avoid bad cures and practices; he should be kind to his patients, indulgent to his colleagues, and wise in his predictions; he should be chaste, sober, compassionate, and merciful, not greedy or extortionate for money; receiving a moderate recompense, according to his labors, his dignity, the circumstances of the patient, and the nature of the issue or event."

The study of medicine was revived and pursued more vigorously during the fourteenth and fifteenth

centuries; but the bigotry of the people, as well as the prohibitions of the papal power, prevented human dissections: anatomy and physiology, therefore, the only foundation of true medical science, still remained a sealed book. The minds of the profession were bound, as in chains, by the dogmatism of the ancients; and little progress could be made in the actual condition either of the science or the practice of medicine. Indeed, we are told that no one dared to "admit any thing contrary to the authority of Galen," on pain of being considered a perverter of the laws of nature, and an enemy to legitimate authority. A growing conviction of the importance of anatomical knowledge was felt for a long period; but the desire could only be satisfied by the inspection of the bodies of monkeys and other animals, which was practised in the schools of Italy and at Paris.

In England, the first medical professorships were founded at Oxford and Cambridge by *Thomas Linacre*, a man of great learning and energy, who had visited the Italian schools, and enjoyed the benefit of instruction in all their ancient literature. In 1518 he laid the foundation of the College of Physicians in London, the first institution in that country for the examination of candidates for the practice of physic.

The ancient authority maintained its sway over the medical opinions of the profession until near the middle of the sixteenth century, when *Vesalius*, a man of true courage and surpassing genius, appeared upon the stage, "and, stealing his first subject from the gibbet itself," prosecuted the study of practical ana-

tomy with great enthusiasm and success; and, in the year 1543, published his celebrated work on the structure of the human body. At the same time he attacked the ancient theories, exposing their errors, and, with the aid of other cotemporaries, succeeded in "laying the foundation of *Modern Anatomy*."

About the same period, Ambrose Paré, in France, was driven by the force of circumstances, during a military campaign, being deprived of the usual supply of oil, to substitute the ligature of arteries for the suppression of hemorrhage, instead of cauterization with boiling oil, the common practice of that time.

These brilliant discoveries served to shake the confidence of physicians in the supremacy of the scholastic philosophy of the ancients, and gave a new direction to the inquiries of other independent observers, who were to follow. The before *terra incognita* of the human body had been partially explored, knowledge had been increased, and the foundation of a truer science had been laid. Observations began to be made in other branches of science, a multitude of new facts were discovered, which did not tally with the doctrines of the schools, and a new epoch was evidently about to dawn on all the sciences.

The leading physicians were, at this period, devoting themselves to the examination of the structure of the human body; among whom were Servetus, Columbus, and Cæsalpinus; who all examined the heart, discovered the cardiac valves, and seemed to have conceived a correct idea of their uses. It now appears marvellous, that, having gone thus far, they

had not proceeded further, and discovered the circulation of the blood. But such is the influence of theory, that it often blinds the minds of otherwise sagacious men to the most obvious deductions of reason.

Servetus imagined that only the more subtle material of the blood was conveyed through the lungs from the right to the left ventricle, which in its transit being changed by agitation and contact with the air,— having parted with its fuliginous vapors, — became vital spirits, and was attracted by the diastole of the left ventricle, and flowed out through the arteries, according to the theory of Galen.

Columbus (Realdus) labored under the same delusion; for although he had examined carefully the structure and understood the uses of the tricuspid and mitral valves, and of the sigmoid valves, and saw that the blood, once having entered the ventricles or the arteries, could not go backward, yet he seems never to have conceived any true idea of the circulation, but, like Galen, continued "to regard the liver as the origin of all the veins," and to suppose the nutritive circulation to be carried on by a flux and reflux of the blood in these vessels to and from all parts of the system.*

The time had not yet arrived for the entire liberation of even the most sagacious minds from ancient authority; and the theory of sanguification in the liver only, and the supposition that the veins and right

* *Vide* Willis's Life of Harvey, published by the Sydenham Society.

cavities of the heart contained and circulated blood, while the arteries circulated only attenuated vital spirits, of which the left ventricle was the great reservoir, still clouded the mental vision of the wisest of the profession.

The progress of medical, as well as of all science, was nearly arrested during the latter half of the sixteenth century. It was a period when mysticism, eccentricities, and vagaries of the strangest kind, prevailed; and knowledge was not increased. But, says Renouard, "errors of science, superstitious prejudices, religious exaltation, and the thirst for riches, concurred at the same period to propagate the follies of the cabal; and never were there seen such numbers of sorcerers, possessed, astrologers, and alchemists; never were prophecies, visions, and prodigies of all kinds, so common."* Among the alchemists, Paracelsus stood pre-eminent, and did good service, if in nothing else, in battling down the errors and absurdities of the ancient dogmatism of the schools.

An important revolution in medical doctrines was introduced, in the beginning of the seventeenth century, by Van Helmont, who is represented as a bold innovator and reformer, learned and eloquent in disputation, a believer in alchemy and mysticism, and a practical chemist. He successfully attacked the ancient medical philosophy, and prostrated false systems, only to erect upon their ruins others equally false. Under the name of "Archeus, or sentient soul," he assumes

* As quoted and translated in the Medico-Chirurgical Review, No. 108, p. 408.

the existence of a power in the animal economy, residing in the mucous membrane of the stomach and in the spleen; also another subordinate power, by the title of "Blass," the regulator of the voluntary movements; and certain other ferments, all under the control of the *Archeus*. All disease was supposed to originate in the mucous membrane of the stomach, and the symptoms, to represent the intelligent efforts of the *Archeus* to restore order and harmony in the economy of the system, when it had been deranged by the operation of injurious agencies. The business of the physician was, then, to consult the pleasure of the Archeus, and prescribe such remedies only as he should find to be agreeable to this presiding divinity, "not neglecting magical words, charms, and amulets." "Van Helmont," says Renouard, "founded no sect; but several sects borrowed from his ideas. The chemical school owes to him the idea of ferments, and from him the animists and vitalists derived that of the vital principle."

But a new epoch in the history of medicine had now opened its light upon the world. The inductive method of Bacon and Newton and Locke had shaken the confidence of medical philosophers in the dialectic discussions and abstract theories of the schools, and turned their attention to the observation of nature. This change in the philosophy of the time opened the way to the discovery of the circulation of the blood, which was the foundation of a new and truer physiology; and although its scope was not to be fully realized for ages, yet it was destined gradually to

expand, by repeated accessions, into a consistent and beautiful system of vital philosophy.

William Harvey first announced his great discovery of the circulation of the blood by the action of the heart, at the College of Physicians in London in 1615, but did not publish it to the world till 1628. Harvey's discovery of the circulation was the result of inductive reasoning, and not of entire demonstration; as he never traced the complete course of the blood through the capillary system. The facts on which he founded his discovery had been known to others for a long period. Columbus and Cæsalpinus had examined and described the valves of the heart, and the valves at the entrance of the aorta and pulmonary artery, and conjectured their uses. Fabricius ab Aquapendente, his anatomical teacher at Padua, had observed the valves of the veins, and directed the attention of Harvey to them. "Yet did no one," says Willis, "mastering these facts in their connection and sequence, rising superior to prejudice, groundless hypothesis, and erroneous reasoning, draw the inference that now meets the world as irresistible, until the combining mind of Harvey gave it shape and utterance."*

As a striking illustration of the subjection of the minds of the men of that age to scholastic authority, and their reluctance to yield theory to observation, we are assured by the historian, that more than twenty years elapsed before Harvey's views were admitted beyond the Alps, — and then only when the

* *Vide* Life of Harvey (Sydenham Society's Pub.), p. 66.

good Plempius of Louvain, a distinguished but vehement opponent of the doctrine, undertook to examine the matter for the purpose of refuting it, by which he became fully convinced of its truth, and publicly acknowledged his conviction. The discovery of the circulation produced a radical revolution in the doctrines of physiology. The microscope, which had been some time in usè, aided materially in further demonstration of the new discovery. By the aid of this instrument, Malpighi of Bologna traced the globules of the blood in their transit through the capillary vessels from the arteries to the veins, and thus proved to the senses what was only a matter of inference with Harvey.

The thoracic duct was first discovered by Pecquet in 1647; and he demonstrated that the lacteals terminated in this duct, and not in the liver, as supposed by Galen; a fact at once fatal to the ancient hypothesis, which ascribed the function of hæmatosis exclusively to the liver. In 1661, Malpighi, by aid of the microscope, discovered the cellular tissue of the lungs; and the lymphatics were described about the same period by Bartholin and others.

Among the independent observers who succeeded Harvey, and contributed largely to the progress of medicine, Sydenham stood pre-eminent. He utterly disclaimed all allegiance to theories either past or present, and relied on observation and induction as the only means of acquiring a correct knowledge of his art. "In writing the history of disease," he says, "every philosophical hypothesis whatsoever, that has

previously occupied the mind of the author, should be in abeyance. This being done, the clear and natural phenomena of the disease should be noted, — these, and these only. They should be noted accurately, and in all their minuteness." * He justly viewed this as the only method through which the natural indications of cure were to be derived. And by this method of closely scrutinizing the operations of nature, after the manner of Hippocrates, and carefully watching the effects of remedies, he introduced many essential improvements into the practice of his time. In small-pox, for example, it was deemed necessary to shut up patients in close, heated apartments; and the common treatment was, first to bleed, then to stimulate, and finally to sweat them, wrapped in "scarlet cloth." Sydenham, wisely, and much in advance of the knowledge of his age, repudiated this plan of treatment for smallpox, and other acute diseases, and introduced the cooling regimen and medication, with free ventilation, and allowed "nature to do her own work, requiring nothing of the physician but to regulate her when she is exorbitant, and to fortify her when she is too weak." He was a believer in the humoral pathology, but permitted no theory to warp his judgment, or divert his attention from facts. His observations upon epidemic diseases, and the epidemic constitutions of the atmosphere peculiar to different seasons, were not only original, but bear in them the stamp of truth, have been confirmed by subsequent observers, and are none the less worthy

* Latham's Translation of Sydenham's Works, p. 14.

of consideration now for having been recorded two centuries ago.

The knowledge of anatomy and physiology, though greatly improved, was yet deficient in many important particulars, and especially in regard to the nervous system. Tendons, ligaments, and nerves were confounded under the general name of nerves. Even as late as the seventeenth century, all the vital movements were supposed by Baglivi to be "derived from the heart and dura mater."

The ancient hypothesis, that sensation was the result of a peculiar elementary affinity between external objects and the organs of the senses, still maintained its influence. The luminous particles of bodies were supposed to be attracted toward the eye, because that organ was of a resplendent nature; and the ear in like manner, being of an airy nature, was believed to attract the sonorous molecules.

The existence of some primary or inherent power, to guide and control the various functions of the living system, has been acknowledged as a necessity by philosophers and physiologists of all ages. This power has been recognized under various names, as nature, spirit, archæus, soul, &c. The functions of the economy have at one time been ascribed to the operation of the archæus, as the ruling power. They have been supposed to result from chemical action and reaction of the elements, and the fermentation of the humors of the body; and they have been explained as dependent on the laws of mechanics.

The chemical pathology was introduced by Sylvius,

an eloquent professor at Leyden, a chemist and eminent anatomist, who based his exposition of the functions of the animal economy exclusively upon the laws of chemistry; adopting the ferments of Van Helmont, and attributing all diseases to the vitiated and acrimonious condition of the fluids of the system. The theories of Sylvius were popular for a time, and quite extensively adopted, not only on the continent, but in England.

The fertility of the imagination was unbounded during this age, and medical theories rose and fell with every prominent champion that appeared in the ranks of the profession. Another sect of medical philosophers invoked the aid of mechanics as the foundation of true physiological and pathological principles, and attempted to support their hypotheses by anatomical facts, hydraulic calculations, and microscopic observations, which, "by their apparent mathematical exactitude and simplicity," together with the ability by which they were enforced, rendered them generally acceptable to the profession. Sanctorius of Padua, and Borelli of Pisa, were the prominent founders of this mechanical sect. Borelli was an accomplished anatomist; and, notwithstanding his visionary physiological theories, added many new facts to the then existing stock of anatomical knowledge, and corrected some false notions before entertained, especially in regard to the amount of muscular power required to perform locomotion and overcome any other resistance, and the principle of its application.

Baglivi, at Rome, was a disciple of the mechanical

school, and attempted to found a pathology on the hypothesis that two conditions only of the *solids* exist in disease, viz.: too great tension or constriction, and too great softness or relaxation; rejecting all ideas of the humoral pathology. Later in life, he repudiated his own theory, and relied in his practice on the Hippocratic method of observation.

In the beginning of the eighteenth century, Boerhaave published at Leyden his great work, "The Institutes of Medicine." He professed to be an *eclectic*, and attempted to establish a universal system of pathology, by combining the anatomical, chemical, and mechanical theories; advanced the hypothetical doctrine of lentor of the blood, and "error loci," or misplacement of the globules in the capillaries, causing stasis of the denser parts of the blood in those vessels and constriction of the same, as the prolific cause of disease. His views were sustained and enforced by commanding genius, and great learning and subtlety of speculation; but they had so little foundation in truth, that they hardly survived beyond the lifetime of their author.

Another hypothesis prevailed in Germany about the same period, of which Stahl was the author, founded on the supposed "*Anima*, or immaterial soul," as the controlling genius of the functions in health and disease; and a similar dogma of *vitalism*, in France, of which Barthez, of Montpelier, was the champion: but these were little more than modifications, perhaps improvements, of the Archæus of Van Helmont.

It is only about a century since physiology had any valid claim to be considered a distinct science. Up to this period, it had been based chiefly on mere assumptions, figments of the imagination, instead of ascertained facts. In 1747, Haller, by experimental researches upon living animals, succeeded in establishing the fact of the irritability of the living tissues, which had been advanced only as an hypothesis by Glisson some years before, and clearly demonstrated the distinction between this vital force and "the mere contractility of tissue," showing that the laws of vital action are entirely distinct from those of chemical and physical forces. Haller had successfully proved the principle of irritability to exist in the muscular fibres. Bichat followed up the subject by indefatigable labor, until he completed the theory, proving it to extend to the function of every tissue.

While the physiologists were thus employed in investigating the existence of the vital forces inherent in the organs, and the laws of their operation, a more practical direction was given to the labors of medical philosophers in other departments of the science; and morbid anatomy began to be studied early in the eighteenth century. Numerous observations were made and published by Bartholin, Tulpius, Ruysch, and others; and, in 1760, Morgagni published at Venice his celebrated work on the "Seats and Causes of Diseases," containing an immense collection of dissections of diseased bodies systematically arranged according to the organs affected. The observations

and facts recorded by Morgagni are none the less valuable, in the view of sensible men, for being nearly a century old. "The sciences are formed by successive additions; and the same men cannot lay their foundations, and conduct them to perfection." This was the remark of a sensible man more than four hundred years ago.* But the impatience of the human intellect impels some men to seek knowledge in speculations beyond the known or the possible, rather than labor, in the humbler sphere of observation, to learn the qualities and conditions of things, before they attempt to determine their laws.

The Royal Academy of Surgery was founded in Paris in 1731, which greatly improved the character of surgery in France. This institution, under the old regime, published its last volume of Memoirs in 1774. In England, John Hunter commenced his celebrated course of lectures on the principles of surgery, in the following year. He was an original genius, a most indefatigable student of nature, and had little reverence, either for theory, authority, or antiquity. He accumulated a vast amount of anatomical facts and observations, cultivated comparative anatomy, and, by original experiments, contributed much to the improvement of physiology. He demonstrated, to a certain extent, the vitality of the blood, defined the different varieties and processes of inflammation, first explained the nature of adhesive inflammation, taught union by the first intention or without inflammation, established the distinction between this and suppura-

* Guy de Chauliac.

tive inflammation, and the more complicated processes of cicatrization. He also introduced many scientific improvements in practical surgery, especially in the treatment of gunshot wounds, and in various surgical diseases, which were not before well understood. Malaigne remarks, that "surgery, as the middle ages had left it, was little else than a handicraft; A. Paré and J. L. Petit made an art of it; and John Hunter constituted that art into a science."

During the last century, the domain of human anatomy was quite thoroughly explored, and considerable progress was made towards a more correct physiology; surgery was greatly improved in its principles and practice, and a vast amount of clinical observations on practical medicine accumulated; the authority of ancient theories and the dogmatism of the schools had nearly faded away before the light of a purer science and a more liberal exposition of truth; yet the predominant idea, which had been for so many ages vainly pursued, of a universal theory, by which all diseases, with their protean forms and phases, might be reduced to a single pathological standard, still held possession of the minds of many of the leading men of the profession.

Near the close of the last century, the celebrated system of nosology and medical theory and practice of Cullen was published, and received with universal favor by the profession. This, for a quarter of a century, maintained a controlling influence over the principles and practice of medicine. Cullen considered the brain as the centre and source of all motive-

power in the system; and assumed that the various functions and movements of the living system are but modifications of the *energy* of the brain; that this *energy* is continually liable to, and *is* actually suffering, alternate excitement and collapse; and, according to his theory, diseases are the result of a collapse or declension of the cerebral *energy*, produced by the application of certain deleterious forces, — contagions, miasms, cold, fear, &c., — which act as remote causes of disease. This declension of the cerebral *energy*, most prominently exhibited in fevers and other acute diseases, pervades the whole system, causing universal debility, but chiefly affecting the extreme vessels, throwing them into a state of spasm; and in this, the cold stage was supposed to consist. During the successive stages, of fever, for example, the debility and consequent spasm of the capillaries continue, and operate as an indirect stimulus to the heart and larger arteries, whose action is thereby increased and maintained till the *energy* of the brain is restored, and its regenerated power extended to the extreme vessels, which removes the spasm and restores their normal action; and the final result of the series is relaxation of the excretory vessels of the skin, and the flow of perspiration. Cullen was a man of great learning, a most eloquent lecturer and able writer, and fortified his theory by such an apparent array of facts and plausible arguments as to secure its general adoption by the profession. His therapeutics were generally judicious, and founded more upon the observation of the phenomena of disease and the indi-

cations of experience, than upon the validity of his pathology.

Cullen was a benefactor to medical science, and did much to aid its progress and improve its practice; but his splendid theories were destined soon to fall before the light of a more accurate and extended observation; and they have long since gone, with their predecessors, to the tomb of the Capulets.

About the same period, the prophylactic power of vaccination against that most loathsome scourge of the human race, smallpox, was discovered by Dr. Jenner. This most beneficent of all discoveries was not the result of any hypothesis or theory, but of observation and induction from facts, — facts too familiarly known to require repetition. Putting two facts together, he logically deduced a third, the truth of which he proved by repeated experiments, continued through many years, before he promulgated it to the world. The name of Jenner stands among the most illustrious of the benefactors of mankind.

Early in the present century, another distinguished medical reformer appeared in France, in the person of *Broussais*. He was led, by a conviction, as he says, of the "imperfect and erroneous notions of disease which were then prevalent," and by the failure of the nosologists to give any satisfactory explanations of chronic diseases, to adopt a better method of arriving at truth; which was by a course of observation of all the facts that actually occurred in disease during life, and all revealed in the tissues after death. In 1804, he published his first work on the chronic

phlegmasia; and, some twelve years later, his great work, in four volumes, on acute diseases. Broussais' observations, aided by his imagination, led him to the conclusion, that "no disease is ever primarily and essentially general," but that "disease begins always in one individual organ," whether it is produced by a cause which vitiates the fluids and humors of the body, or the solids; therefore "all diseases ought to be regarded, primarily, as local affections." And Broussais discovered, or thought he discovered, the comprehensive fact, that all diseases, of whatever nature, have their primary seat in the mucous membrane of the stomach. Hence, according to his system, all manifestations of disease, whether acute or chronic, are simply symptomatic of "Gastritis;" or from the fact that the primary phlegmasia generally involves the intestinal mucous membrane, "Gastro-enteritis."

The theory of Broussais, under the specious name of the "physiological system," was promulgated with great exultation by its author, as the perfection of medical science. The simplicity of its pathology and therapeutic indications, and the dogmatic assurance with which it was maintained by its advocates, rendered it quite attractive, and gave it currency for a time. It was enthusiastically received by the profession in France, and in the Middle and Southern States of our own country, but was not extensively adopted in the Northern States. In England and the north of Europe, it scarcely gained a foothold. In therapeutics, the followers of this system rejected the use of all active and disturbing medicines, and relied on free

general and local depletions, fomentations, starvation, and the internal use of gum-water and ice. The author himself thus sums up his treatment of disease: "In short," he says, "our treatment is comprehended in three things, viz., local bleeding, external warmth, and frictions of the surface; and, lastly, patience." The great error of Broussais' system consisted in his magnifying an occasional pathological condition into a universal fact; and, when this mistake was exposed by the more rigorous and accurate observations of Louis, in his works on Phthisis and Typhoid Fever, the "physiological system" was at once overthrown and demolished; and now there is "none so poor as to do it reverence."

Only confused and speculative notions were entertained of the anatomy and physiology of the nervous system, until within the present century. And it is since 1820 that Sir Charles Bell promulgated his great discovery of the distinct and separate origin of the sensory and motor-nerves; the one arising from the posterior fasciculus of the medula oblongata and spinal marrow, and the other from the anterior fasciculus of the same parts; and, as he supposed, another system, the respiratory, arising from the middle column of the medulla oblongata and cervical spinal marrow. Sir Charles was led to these important discoveries by a long series of ingenious experiments upon living animals, and not by any preconceived theory.

More recently, Dr. Marshall Hall has, by various observations, discovered the reflex action of the nervous system, by means of which impressions are trans-

mitted from the extremities of the sensory, through the medium of the brain and spinal marrow, to the extremities of the motor-nerves, and there excite various involuntary muscular movements, which he calls the excito-motory friction. Though the views of these two distinguished individuals have not been fully acknowledged by all physiologists in all their particulars, yet their observations have thrown great light upon the functions of this complicated system. Much, however, remains yet to be learned before a perfect knowledge of the nervous system has been achieved.

The publication in 1819 of the great work of Laennec on Auscultation introduced a new and more exact method of diagnosis in pulmonary and cardiac diseases, both acute and chronic; and greatly improved the treatment of those diseases, by enabling practitioners to make more accurate distinctions of the different forms of the diseases of those organs.

A similar improvement in the diagnosis of cerebral diseases was effected by the labors of Rostan, Lallemand, and Foville, about the same period, who more accurately marked out the distinction between apoplexy, ramollissement, and encephalitis, and the paralysis of the insane, which were confounded under the general name, encephalitis, by the Broussaisan school.*

Since the demolition of the "physiological system" of Broussais, about twenty-five years ago, no notable

* *Vide* Medico-Chirurgical Review, April, 1849, p. 548; as quoted from L'Union Medicale.

attempt has been made, in the legitimate profession, to construct a general medical theory, under the Utopian idea that all diseases may be reduced to a single pathological, or treated upon a single therapeutic principle. The phantom, theory, which has for hundreds and thousands of years dazzled and tantalized so many of the medical profession, only to lead them astray, has at length vanished. A clearer and more substantial vision has now opened to the view of medical men of the present age. The votaries of our science have learned to labor and accumulate, instead of dreaming to speculate; and, when they philosophize, to reason from facts, and not from hypothesis; facts, not fancied, but proved; facts, not partially noticed and imperfectly recorded by incompetent observers, but such only as have been rigorously observed, tested, and verified by numerous laborers in the same field. And never before has medical science progressed with such rapidity as during the last quarter of a century, by the method of rigorous observation and induction. New facts are continually accumulated by earnest laborers; old ones are corrected, confirmed, or disproved; and new relations or analogies detected, and important distinctions discovered which had not before been recognized. The progress of medical science has been greatly aided by the extensive researches in natural history and comparative anatomy of the present day, while human anatomy has been nearly, if not quite, exhausted, so far as it can be demonstrated by the dissecting-knife; and, when this fails, the microscope takes it up, and

discloses to the astonished vision the ultimate molecules, or vesicular constituents of all the tissues.

Physiology has been revolutionized in the last twenty-five years. The revelations of the microscope, and the developments of animal chemistry, have nearly transformed it into a new science.

The same instrumentalities have brought to light an immense number of facts in morbid anatomy. The molecular changes wrought in the tissues by various organic diseases, before unknown, have been satisfactorily determined by the microscope; and their mode of development, once involved in mystery, has been clearly explained. Important changes in the fluids have also been revealed by the aid of animal chemistry.

These improvements in the elements of our science have been accompanied, *pari passu*, by improvements in its practical application. By extensive clinical observations, and the other means already enumerated, greater accuracy of diagnosis has been attained; the distinction between functional and organic diseases, between the curable and incurable, has been, and is, more accurately defined; consequently, painful and unavailing surgical operations, once resorted to, are now abandoned; and the sick are spared much useless, or worse than useless, medication. The recuperative powers of nature are better understood; consequently they are less frequently thwarted by officious interference than formerly. A knowledge of the errors of the past has proved a valuable auxiliary to the progress of truth in the present age. Let me

not be misunderstood. I would not represent the medical literature of the past as all error — far from it. The records of medicine, both ancient and modern, are largely imbued with truth, and contain much that is worthy the consideration and study of every physician. But error is everywhere prevalent, and often so mingled with truth as to render it most difficult to separate and distinguish the one from the other. And so often is this difficulty experienced by physicians, that they are proverbially distrustful and cautious of receiving new facts or principles as truth, until they have been tested by repeated observation, and their value established by reason and experience.

For many years of the present century, the attention of medical men has been specially directed to the study of Hygiene; which has resulted in the accumulation of a vast amount of facts relating to the physical, mental, and moral condition of the masses of the people, especially of the poor, in large cities and towns; and led to the enactment of sanitary laws, of greater or less efficiency, for the preservation of the public health, protecting all classes from the incursions and diffusion of epidemic diseases. Improvements in ventilation, in the construction of houses for the poor in large cities, in reducing the hours of labor for operatives in manufactories, in diet, exercise, in the habits of cleanliness and temperance, and all things conducive to health and morality, have been mainly effected by the beneficent operation of the principles of medical science and the active agency of medical men. In other branches of science, chemis-

try and natural history, including geology, zoology, botany, &c., medical men, the world over, have been among the most active and successful laborers. The Massachusetts Medical Society, let me say, has the distinction of bearing on its rolls the names of many gentlemen engaged in large practice, who have, nevertheless, made most valuable contributions to these several branches of science. My limits do not allow me to go into further details on these subjects. But from the foregoing brief historical sketches of medical theories, and statements of facts, I have endeavored to show that medical science has been, and *is*, *progressive;* that its progress has been effected, not by speculation and theory, but by observation and experience, and their logical results,—philosophical induction. The improvement of the science has given the profession a greater control over diseases from age to age, and added to the comfort and happiness, as well as increased the duration, of human life.

So far as the records of mortality have been preserved in several European countries and our own, vital statistics show clearly that the duration of life has gradually increased during the last century. I have no time to go into details on the subject; but a single extraordinary case may be named, which goes to confirm the above statement for a much longer period. In the ancient city of Geneva, the only city in the world probably where tables of mortality have been kept almost uninterruptedly for nearly three centuries (from 1560 to 1845), the value of life has more than doubled during that period. In the last half of

the sixteenth century, 18 years only was the average duration of life. In the seventeenth century, it was 22 years. In the first half of the eighteenth century, it averaged 31.8 years; and in the latter half, 33.1 years. In the first fourteen years of the nineteenth century, it was 38 years; and from 1838 to 1845, it was 41.7 years.*

It has not been my object, as you will readily perceive, in this desultory sketch of some few only of the most prominent medical theories and discoveries of the last twenty-five hundred years, to write a connected history of medicine. This would require many volumes for its full elucidation. I have simply designed to exhibit the fallacy of abstract speculation in medical matters, and of all theories based upon it; to show, in short, the utter worthlessness of such theories, or that they have contributed *little, if any thing*, to the progress of true science. Progress in medical as in other sciences has been achieved by observation of nature and the accumulation of well-attested facts, from which alone true principles of science can be deduced.

The legitimate medical profession of the present age have little respect for theory. The science of medicine is now based exclusively upon rigorous observation and induction; and never before did it stand upon so firm a basis, or embrace so much of truth, or promise so much toward the prevention, mitigation, or removal of disease, as at the present time. And

* Dr. Marc D'Espine. Translated from Annales de Hygiène, for British and Foreign Medico-Chirurgical Review, January, 1848, p. 281.

yet now, in the middle of the nineteenth century, with the multitude of hypothetical systems of medical doctrines which have been received for a brief period, and then repudiated as worthless, before us, and in the face of all the experience of more than two thousand years, and of all common sense, we have medical sects among us propagating dogmas founded upon baseless assumptions, without facts, and without any rational experience to sustain them; and, what is more extraordinary, these absurdities are received as truth, and paid for, by multitudes of the people, — not the ignorant and superstitious only, but by many people of intelligence, who move in the higher walks of society; while the regular profession, the only true exponent of medical science, is scouted by the same individuals as antiquated and obsolete.

Allow me, Mr. President, to relate an incident which occurred some nine or ten years since, while I was stopping, for a day or two, at a village-hotel upon the Hudson River, in the State of New York. I found there a pseudo-doctor, — "a great swell," — and I soon learned that the good people of the village, and all the region round, had been notified by a vaunting handbill of the advent of the renowned Doctor Bamboozle, from the city of New York, who could cure all the sick, and would lecture on medical subjects to those who were not sick, and communicate to them very important information. I happened accidentally and unobserved to hear a dialogue between the doctor and his first patron, a female, quite illiterate but shrewd. The doctor began to interrogate; but she

declined to answer, saying, "If you know what you pretend, and can cure me, you can tell what ails me." "O, yes," quoth the doctor, "I can tell you all about it, and cure you, too. I don't wish you to say a word." After a pretty extensive manipulation of her person, every now and then popping a question as to her sensations, the doctor, with infinite pomp, exclaims, "I have it! I see what ails you! *your mucous membranes are affected!*" "No, doctor, that's not my complaint." The doctor renewed his examination; said he had found a new symptom, and varied his diagnosis, assigning the disease to another organ. "No, doctor, that's not my case, nor nothing like it." "But, I must be right, and no mistake," said the doctor. "I have no such complaint," said the patient, "and you don't know what ails me." "Why, you must know, my good woman, that I have a *system*, — a *new system* of my own! I don't practise according to any of your *old-school* doctrines! I go by *my system! my system* is *infallible! by it there can be no mistake!* and, according to *my system*, I have told you your case exactly." The patient, however, continued inexorable to the doctor's logic, and taunted him for his lack of skill, until he was glad to retreat, covering his reputation only by the asseveration, "If I have mistaken your case, it must be because it is one that *don't belong* to *my system.*"

And now, pray tell me on what better foundations do the dogmas of the pretended "new-school" medical reformers of the middle of the nineteenth century rest, than the "*infallible system*" of this New York

mountebank? Some of them may, indeed, be garnished with more of the learned mockery of science, enveloped and mystified by sonorous but meaningless phrases, pedantically compounded from Greek and Latin; but, strip them of all verbiage, and of what they borrow from the current medical science of the day, and you reduce them to mere theories, based upon naked assumptions most preposterous, unsupported by one particle of evidence worthy the consideration of any reasonable man. One would think, surely, even from a cursory review of medical history, that the world had had sufficient experience of the futility of medical theories and hypothetical systems, to lead men to some more substantial method of medical reform.

But what says the disciple of Hahnemann? "I have a general firm principle," — "a *fixed law* of cure." "I lay aside all arbitrary and useless classification of diseases." "I examine the symptoms as closely as though such another [case] had never occurred before." "It matters not how diseases may vary at different times, and under different circumstances." "Experience, — that most deceitful guide in medicine," — and "the private judgment" of the physician, are not to be trusted! But "my fixed law of cure," "*similia*," &c., is always at hand! I select "a medicine, the effects of which resemble" — "those of the disease before me," — reduce it "by process of trituration and shaking with neutral substances, till I succeed in developing the internal atoms of a drug-mass, so as to have none of the matter left to dissolve on the tongue or in the stomach," and my work is

systematically accomplished. We have no occasion for "experience" or "private judgment"! "Our therapeutic law is as firm as gravitation," and "our other principles are perfect."* And what, in the name of reason, follows? Why, verily, "*our system is infallible:*" by it *there can be no mistake!* Do you say this is a caricature? I deny the allegation. It may be absurd; but, if so, it is no fault of mine. I utter no slander, but simply exhibit before you the naked figments of the system, in the veritable language of one of its champions.

Every sect must have its "system." The Thompsonian, of humbler literary pretensions than his antipode, the globulist, has his "system" also, founded on the dogma that "heat is life, and cold is death." According to his philosophy, heat and cold are antagonist entities, contending against each other. So long as the former prevails, all is well; but, if the latter get possession of the body, or any part thereof, death approaches. He has *his* "fixed law of cure;" but with him it is, *Contraria contrariis curantur.* He, too, disregards all arbitrary and useless classifications and distinctions, having, as he supposes, a surer guide, a universal "fixed law of cure." If the demon "cold" enter the body, he is to be dislodged by the introduction of heat, externally and internally applied, not in imaginary "atoms," but in potential quantities.

Another famous "new-school" sect is the "eclectic," as they arrogantly style themselves; a sort of offset from Thompsonism. They are rampant "reformers,"

* *Vide* Putnam's Magazine for December, 1853, pp. 641, *et seq.* Defence of Homœopathy.

assuming the garb of science, but possessing none of its substance. They evince their ignorance by their fondness for the use of technicalities they do not understand, and their proneness to appropriate to "their system" such pedantic, senseless epithets as "physopathy," "physomedical," "eclectic," "eclecticism," "new-school practice." *These*, together with other clap-trap phrases, such as "medical reform," "innocent and sanative medication," "all medication should, as far as possible, be both sanative and innocent," are the changes continually rung before the public. They are clamorous and obtrusive in their denunciations of all regular practice, calling it by the senseless term of "allopathy," "old-school practice," "obsolete systems," &c.; and, by such miserable devices, they have had no inconsiderable success in operating upon the prejudices of the people in many parts of our country. They have so far succeeded as to obtain charters for pseudo-medical colleges from the legislatures of several of the States, in which to manufacture recruits for the legions of quackery. They are wholly indebted to the current medical literature for the little knowledge they possess of medicine. They read lectures from the text-books of regular medicine; but they read them "*eclectically*." They instruct their pupils to study the same text-books; but, to be *sure*, they study them "*eclectically*." What is "eclecticism," and who are the "eclectics"? Why, these wiseacres tell us they have made a wonderful discovery; and it is, that certain medicines, or rather "*their medicines*, always act in harmony with nature and the organism of the system"!

and, thus operating, they "*must always do good*, and *can never do harm.*" Therefore, "our system is infallible." It so happens, however, that these charming remedies, with a little addition, are the veritable Thompsonian "specifics;" bating, however, the process of steaming; instead of which, and yielding the consistency of Thompson, they "pack" in wet sheets. They do not condescend to give the proof, — the *reason* why their "remedies *always* act in harmony with nature." They sometimes *appear to others* to act in opposition to the safety of the patient. But no matter; they are "eclectics," — "progressives;" and why should they be called upon for proofs and reasons? If their periodicals, which are filled with the "crudest essays and the most fantastic lucubrations," exhibit a fair sample of their attainments, they have sadly mistaken the direction of their movement; for it has carried them back to the dark ages. It is *retro*, and not *pro*-gressive; and they may fitly join hands with their ostentatious prototypes, the eclectics of the fifteenth century.

It was said by a wise man of old, that "there is nothing new under the sun." Whether this ancient maxim proclaims a universal truth, is not yet, perhaps, fully determined; but there is truth in the declaration of Solomon. In the early traditional history of medicine, when it was professedly in the hands of magicians and pagan priests, and when the sick were exposed by the wayside, soliciting the passengers in the streets, and all who thought themselves competent, to prescribe for their diseases, we are informed there were

Temples of Health in Greece and other neighboring countries, dedicated to the worship of Æsculapius.* These temples, it is said, were erected in airy and healthful places, in the vicinity of springs of pure water, or mineral waters, and were presided over with great pomp by a sort of medical priesthood, — the Asclepiadæ. The sick were here received, — subjected to strict discipline, — put upon very abstemious diet, — required to occupy their whole time in some exercise or amusement. On entrance, they were subjected to immersions and ablutions, and regularly required to take courses of bathings, and douches, and frictions, and shampooings. "Charms, enchantments, amulets, magic incantations," and the like, were brought to bear upon the imagination of the sick, or those who fancied themselves sick; and to these were added religious ceremonies, and whatever might excite or amuse the fancy or arouse the senses. The Asclepiadæ also enjoyed clairvoyant visions of internal diseases, and actually "prescribed drugs as indicated in dreams." What a marvellous coincidence between the practices of these priest-magicians of ancient Greece, and that of some of the "reformed practitioners" of the middle of the nineteenth century! Verily, has not the prefix *pro* changed places with *retro?* and are not our modern *pro*-gressives really retrograding with railroad speed into the very heart of antiquity? But "I *have a system*," — "a *new system* of my own," — says the

* Vide Adams's Life of Hippocrates; J. R. Coxe's Hippocrates and Galen; and Renouard's History of Medicine, as translated in Medico-Chirurgical Review, April, 1847.

hydro-*pro*-gressive; "cold water is always in harmony with nature," and can never be wrong!

Indeed, have not all these sectarian reformers blindly plunged into the dark abyss of hypothesis and mysticism? and, in their deceptive visions of progress, fallen back upon the sophistries and delusions of the dark ages? For, like the mystics of the sixteenth century, they are confident in their own powers, — have unlimited conceit and impudence. They are sectarians, at one time denouncing and disparaging each other, and at another uniting in opposition to the regular profession, and consistent in nothing but this opposition.

These pretended "systems of medical reform," though diametrically opposed to each other, are adroitly compounded of truth and falsehood, — of some well-known and generally admitted truths, with crude hypotheses and unwarranted assumptions, so ingeniously mixed as to be easily palmed off upon the credulous and unwary, as the only true philosophy, — the very quintessence of all science; and multitudes of worthy people receive them as such, and congratulate the world and themselves upon the progress of knowledge.

The pseudo "reformers" really show some attainment in worldly wisdom, whatever else they lack. They industriously circulate journals and magazines, *professedly* medical, but *really* containing nothing but homœopathy, phrenology, hydropathy, or eclecticism; and, in these, they send forth most pathetic appeals for public sympathy and support. "In the contest with old modes, old theories, and antiquated errors," says an eclectic editor, "it is absolutely indispensable

that some means should be had to reach the public mind." Judging them by their contents, their journals are got up specially to "reach the public mind," and not for the promotion of science, which must for ever retrograde under such auspices.

The "public mind" is also reached, often misled, and sometimes corrupted, by the host of itinerant lecturers, "professors" of "physiology," "phrenology," and "psychology," who gather full houses to witness their too often indecent exhibitions of manikins and pictures, and to listen to their low ribaldry and obscene jests, under the guise of science.

Again, there is the army of vagabond practitioners, who wander from place to place, giving free lectures, to make known their wonderful "discoveries" and "infallible remedies," and their labors of love for the health of the dear people, always offering to "give advice to the poor gratis." From the complaisant and sometimes educated disciple of Hahnemann, down to the most vulgar professor of Indian skill, all have their theories and "infallible systems;" and their uniform method of introducing themselves to favor is by attacking and slandering the regular medical practitioner. Spurious medical periodicals, counterfeit editorials, and advertisements in the newspapers, and public and private lectures, are the vehicles through which they carry on their marauding forays against the profession. A favorite mode of attack with them is to seize on the cant of political stump-orators and other fanatical declaimers; and, by the continual reiteration

of such choice phrases as "old fogies," "allopathy," "old school," "antiquated systems," and "*mineral* poisons," mingled with falsehood and plausible sophisms, they have been quite too successful in perverting popular feeling and exciting prejudice — ay, inveterate hatred even — in the minds of multitudes of otherwise right-minded people, against regular medical men.

The magnitude of these evils may, indeed, be denied by some; but am I not right in affirming, that a large majority of physicians not only witness their existence, but see them increasing from year to year? They are realized and acknowledged by physicians, not merely because they are degrading to their own position in society, but as the cause of a vast amount of mental and physical suffering among that class of the community who embrace and are led astray by such false "systems."

In view of this state of things, what is demanded of the medical profession? Do they not, as philanthropists and Christians, owe a duty to society, not yet performed? Does it become them, as such, to wrap themselves in the dignity of science, stand aloof, and view with silent contempt only the predatory incursions of the armies of the aliens into the very domain of medical science; and allow them, unmolested, to seize and prey upon the vital interests of the community, so long as by their boastful sophistries they can contrive to cajole and delude them? The science of medicine itself is in no danger of being arrested or

retarded in its progress by the clamors of these boastful intruders. True science is never ostentatious. Men of science pursue their investigations quietly and in retirement; never prematurely obtrude their opinions, or the results of their labors, before the public. They do not generally make them known to their compeers even, till they have tested and proved them by repeated observation and experiment. It is not science that is to be affected by the attacks of such ignorant marauders; but it is the community, the *people*, who are to suffer from the immense evils of their "universal systems" and "infallible specifics."

Medical men, then, have an important mission to fulfil; and that is, to *instruct the people* on medical subjects. It is clearly the duty of the profession to teach the people the truth; to give them correct views, at least, of some of the elements of medical science. Increase their knowledge, and their confidence in the tricks of impostors and speculators in human life and health will be withdrawn.

Such instruction is demanded by the intellectual aspirations of the people, and by the spirit of the age. At a time when mental activity is so intense and so universal, when everybody is seeking intelligence upon all subjects, it is of vast moment that correct sources of knowledge should be accessible to all; that they may learn truth, and not error. The people *will* inquire into these things, *will seek* instruction of some kind. It is of vital importance then, and it is due, that they should be instructed; and the only question is,

Who shall be their teachers? Shall educated, competent, medical men perform this service, and teach them truth, science, knowledge that shall be useful? Or shall they be left to learn, as at present, the speculations and dogmas of loud-mouthed reformers; the tricks of legerdemain practised by vagrant "professors" of physiology, mesmerism, and psychology; and believe them to be the oracles of science?

Many facts and principles belonging to physiology, hygiene, and practical medicine, are easily comprehended by people of ordinary intelligence; this kind of knowledge is earnestly sought by them; and the physician in his daily walks may communicate much valuable instruction in his familiar intercourse with those he meets. But a more efficient method should be adopted, by lectures on medical subjects in lyceums, or by courses of lectures, and by popular publications. Every physician in every town should feel himself responsible for a course of lectures annually, to the people of his locality, or in the schools, upon medical subjects, in which they are all interested.

Young physicians may do a service to the community, as well as make it the occasion of introducing themselves to notice and business, by giving courses of lectures on medical topics; and older practitioners should not shrink from their duty to enlighten the public upon this all-important subject.

The modern reformers to whose dogmas I have referred are indebted to regular medicine for whatever of truth or science their systems contain; and, al-

though it is *sometimes admitted* that their absurdities have led to improvements in regular practice, I believe it may be affirmed, without fear of refutation, that they have *not added a single fact or principle of any value* to medical science or practice, and have incorporated nothing in their "systems" worthy of consideration, which did not originate in the regular profession, and was not well known to every intelligent physician.

Shall we, then, fold our hands quietly and selfishly, while we behold such delusions and their consequent evils, without making any well-directed effort to arrest them? Truth is powerful, and will prevail. Teach the people truth; not words and theories, but things; and they will no longer pursue phantoms. Let them understand that theories and systems and opinions are worthless, except they are based on facts established by observation of nature. Let them be convinced, that medical men are bound to no hypothetical systems of philosophy, to no arbitrary rules of medication; that their opinions and practices are founded only in common sense, judgment matured by mental culture and experience, by habits of observation, of analysis, and of rigorous induction; in short, that we seek only truth as our guide; — and our instructions to them, and labors for their good, "aided by truth, would work like the little leaven, influencing society, first in small and then in large masses, until the sphere of each one's influence would meet, not to clash and rebound, but first to yield, then merge, and

then coalesce in one large sphere, in whose centre would be placed the light of all truth; from which the divergent radii, spreading to the distant circumference, would dispel the darkness of the night of ignorance, and introduce to all mankind the daylight of eternal truth."

OBITUARY.

While we meet here to enjoy professional and social intercourse, to exchange congratulations, and to partake of the festivities of this most interesting occasion, as well as to promote the progress of medical science; and while we are cheered by the presence of so many familiar faces and congenial spirits, — let us not forget, that some whom we have heretofore rejoiced to meet on similar occasions are not here, and we shall meet them no more on earth.

Since our last annual meeting, twenty-nine Fellows of this Society have gone to —

> "That undiscovered country, from whose bourn
> No traveller returns."

Their exit admonishes us that we, too, are mortal. Death has stricken down the young man just entered on the active duties of his profession, — the man of middle age, — men of threescore and ten and of fourscore years, and the more aged veteran of ninety-five years.

The following members of the Society have died during the last year, viz.: —

Name.	Residence.	Age.
Constantine B. O'Donnel	Boston	
Robert Capen	Boston	63
Josiah Flagg	Boston	60
Thomas W. Parsons	Boston	56
George C. Shattuck	Boston	71
A. W. Gleason	Boston	
Dennis McGowan	South Boston	
Calvin Newton	Worcester	53
Henry M. Lincoln	Westminster	28
Amariah Preston	Bedford (died in Lexington)	95
N. S. Prentiss	Roxbury (d. in W. Cambridge)	87
Enoch Pierce	Pittsfield	69
Paul R. Metcalf	Wrentham	78
George A. Field	Grafton (died in California)	28
Jacob Goodwin	Boston	70
Elisha James	Scituate	69
Phineas Savary	Attleborough	53
Samuel Johnson	Andover	54
Thomas Manning	Ipswich	79
Milan G. Carey	Medford	32
Noah Whitman	West Bridgewater	69
William H. A. Crary	Fall River	
Elihu Dwight	South Hadley	
Benjamin Seabury	Charlestown	69
Sylvanus Plympton	Woburn	
E. P. Hills	Shirley	50
T. W. Wadsworth	Fitchburg	34
Seba Carpenter	Attleborough	68
William Hawes	Boston	34

The following obituary was furnished by Dr. Jacob Bigelow, by request: —

Dr. George Cheyne Shattuck, one of the former Presidents of this Society, deceased March 18, 1854, at the age of seventy-one. He had occupied for many years a conspicuous position in the city of Boston as a practitioner of eminence, and a philanthropist of active and extensive benevolence.

Dr. Shattuck was graduated at Dartmouth College in 1803, and received the degree of Doctor of Medicine in the University of Pennsylvania in 1807. He soon afterwards settled in the practice of medicine in Boston, and was in early life associated with Dr. Samuel Danforth. During a professional career of nearly half a century, he retained the warm attachment of his patients and his numerous friends.

In his social qualities, he was eminent for a quick, just, and

liberal appreciation of character in others. His bearing was frank and friendly, neither marked by ostentation nor reserve. His conversation was impulsive, prompt, and persuasive; and the results of his judgment were much enforced by the honest and earnest manner in which he gave them utterance. His moral qualities were fidelity and truth; deep sensibility to domestic affections; persevering attachment, through all vicissitudes, to his familiar friends; kindness to those who were thrown upon his assistance; and tolerance to the world beside. In early life, his temperament and conscious talent led him into occasional controversies; but these were soon merged in a liberal and just respect for those whose character and claims had been placed by circumstances in conflict with his own. To his earlier friends his attachment was unwavering and undiminished by misfortune; and even descended in acts of substantial kindness from the parents to the children. To young men, of his own and other professions, he rendered friendly offices, enhanced by the value of his practical advice.

As a medical man, Dr. Shattuck had been educated in the school of Rush, and retained through life a partiality for active remedial treatment in disease; sometimes exceeding in energy that of many of his professional brethren. Nevertheless, his discrimination in disease was ready and acute; and he brought to the aid of his patients the advantages of a quick eye, a kind heart, and a prompt interposition of the appliances of the healing art.

He has left much to be remembered of social and domestic virtue; of high and honorable purpose; of comprehensive mental powers, regulated and directed by a constant recognition of the claims of charity, and of professional duty; and by the impulses of his own benevolence towards the extensive circle among which he moved.

The following obituary was furnished by Dr. James Thompson, of Northampton: —

Dr. Elihu Dwight, the son of a farmer, was born in Belchertown, Mass., October 23, 1763. His earlier life, like most youthful lives, was doubtless filled with the endless joys and fleeting sorrows of boyish days. After pursuing the preparatory studies under the tutorage of a minister, he entered Dartmouth College. Immediately upon his graduation in 1790, he com-

menced the study of medicine in the office of Dr. Ebenezer Hunt, Northampton; and, for nearly three years, he enjoyed the benefit of his extended ride. Leaving Dr. Hunt's office in June, 1793, he commenced the practice of physic and surgery in the small village of South Hadley. Now first appeared that indomitable energy of character for which he was ever after so distinguished. To enter a region so sparsely settled, and so unpromising in prospect, with seven rival practioners, and all their accompanying jealousies to contend with, must have required a resoluteness of mind that few in our day possess; and his extended and extensive practice, and his enduring reputation, both among the people and the profession, would prove him a man of more than ordinary abilities. But, like too many of his professionl brethren, prevented either by diffidence or laborious duties, he gave to the world no written experience by which he may be estimated.

A man of great physical endurance, he went bravely through the life-wearing and life-shortening labor of an extensive country practice without failing. On his horse, or on his snow-shoes, in summer or winter, day or night, sunshine or storm, he was ever ready to answer the call of the afflicted, whenever or wherever heard.

Dr. Dwight joined the Massachusetts Medical Society in 1803, and continued an active and useful member until 1834. He graduated from his office twenty-three medical students, most of whom are now in practice. From a record kept by him, his obstetrical practice amounted to nearly three thousand cases, or more than double the present population of South Hadley.

The doctor was devoted to the advancement of the arts and sciences. He was interested in the first American wire manufactory, started in South Hadley Falls. He was also active in opening the Barytes Mines in Hatfield, and in boring for coal at South Hadley Falls.

In his disposition he was social, and universally respected and beloved. He entered heartily into the joys and sorrows of the people. If there was to be a hunt, Dr. Dwight must head the party; and there was no one more able or more willing to do it. In the darkest night, when no one else could tread the woody sides of Holyoke, the doctor was never astray. It was this good-natured disposition, to enter so heartily into the joys of the joyous, and to sympathize so earnestly with the sorrows of the afflicted, that shone out in all his acts, and made him beloved by all who knew him.

Hospitable almost to an excess, his house was always filled with guests; and all who called upon him were most hospitably entertained with the best the house afforded, and departed with feelings of the highest respect for their entertainer.

He continued in practice until the year 1835, when he retired to make way for his son; and buying a farm, in the ease and quiet of a farmer's life, he rested from his labors: from them he had acquired a hard-earned honor and respect, that strewed with flowers the path that slopeth downward to the grave. He outlived his generation. One after another, his companions finished their course, and left him alone by the still waters of life, a stranger upon the earth. He died June 1, 1854, in the ninety-first year of his age. His life had burnt to the socket.

The following notice was furnished, at my request, by Dr. Cotting, of Roxbury:—

Dr. Prentiss was born in North Cambridge, then a part of Charlestown, in a house since and for many years known as "Davenport's Tavern," August 7, 1776, ten years before the Declaration of Independence.

Feeble and delicate in early life, his parents encouraged his natural fondness for books, and determined, if possible, to give him an education. Correct deportment, faithful application, and facility of acquisition, his characteristics at school, equally marked his college course. At the age of twenty, he graduated at Harvard University. For the next two years, he studied medicine with Dr. Putnam, of Medford; and, for about the same length of time, at Lancaster, with Dr. Atherton, an eminent physician of that day.

He first established himself at Marlborough, where he remained in good practice about ten years. While at that place, his feelings towards the physician already settled there became alienated, on account of some supposed hostility towards himself as a new comer. He subsequently discovered his error; and, in the spirit of true manliness and candor which characterized all his life, he admitted his misconstructions, and proffered his friendship. He was met in a similar spirit, and a mutual attachment sprung up between the parties, which lasted through life.

To enable him to acquire his profession, it had been necessary for him to teach school. For this occupation he was peculiarly qualified by nature and education. His preferences also led in this direction; so that when, in 1801, he was invited to take charge of the "Grammar School" (now known as the English High and

Latin Schools) in Roxbury, on his own terms, he accepted the offer, and removed thither.

After nine years of faithful and acceptable service, he resigned this charge, and opened a private school. At the same time, he continued the practice of medicine. The next year he was chosen Selectman and Assessor; and subsequently, for five or more years, he represented Roxbury in the State Legislature. In 1816, he was chosen Town-clerk, and held the office, by annual re-election, until the adoption of the city charter in 1846, a period of thirty years. His last official act was that of administering the oath of office to the first mayor of the new city. The offices and honors he received from his fellow-citizens were from their own spontaneous action, and never from any solicitation of his, by deed or word. Those who knew him best affirm that he had no selfish traits of character, and no ambition to gratify but that of being useful. His pupils continued to love and respect him to his latest years, and from some of them he received a most substantial testimonial of their regard only a few weeks before his death.

In 1793, Dr. Prentiss married Miss Abigail Perkins, a granddaughter of Dr. Kennedy, of Boston. By this marriage, he had eight children, three of whom are still living. In 1807, he married Miss Abigail Pico, of Boston, and outlived her more than twenty-five years. He joined the Massachusetts Medical Society in 1813, and his name was placed on the retired list in 1844.

By mild deportment, soothing manners, and indefatigable attention, he won the affections of many families, who lamented his removal from the place of his earlier practice, and of many others who continued to seek his advice long after he had expressed a wish to retire from all professional service.

Dr. Prentiss was a man of venerable appearance. His tall, robust, and noble form, locks white as snow, and his open, pleasant countenance, always attracted the attention of strangers. Being of an affectionate and cheerful disposition, eminently conscientious, ever disposed to do good unto others, a man of unblemished integrity, great firmness, and devoted piety, he was universally respected by all who knew him.

He died at West Cambridge, where he had for a short time resided with his daughter, on Saturday, November 5, 1853. The funeral services at that place on the Monday following were attended by the City Government of Roxbury, by many of his former townsmen and friends, as well as by a large assemblage from the neighborhood.

PROCEEDINGS

OF THE

MASSACHUSETTS MEDICAL SOCIETY.

1849.

ANNUAL MEETING.

The Annual Meeting of the Massachusetts Medical Society was held at the Masonic Temple, Tremont Street, Boston, on Wednesday, May 30th, at 10, A.M.

The records of the proceedings of the last Annual Meeting, and the doings of the Counsellors during the past year, were read.

The reports of the Treasurer and of the Committee to audit the Treasurer's accounts, were read and accepted; from which it appears that

The receipts during the year were	$2,217 29
The expenditures,	2,155 54
Leaving a balance of	$61 75

The amount of the permanent fund in the Massachusetts Hospital Life Insurance Company is $10,717 43.

The report of the Committee on the Library was read and accepted.

The report of the Committee on the Finances of the Society was read and accepted.

Voted, To proceed to the choice of Counsellors.

The following gentlemen were appointed Scrutineers.

Drs. Blake, Whitney, Parkman, Reed, Robbins, Shurtleff, Lyman and J. S. Williams.

The report of the Committee on amendment of the By-Laws was read.

Voted, That it be received as a whole, and be open to amendments.

Voted, To substitute "last Wednesday in May" for third Wednesday in June, in the first line of Art. I.

Voted, To substitute "May" for June in the 12th line of Article XXVI.

Moved, that the words "no person shall be admitted a member unless he present a recommendatory letter from the Secretary of the District in which he resides, and also that said letter be exhibited within one year," shall be added to Art. III.

Voted, That this proposition be referred to the Counsellors.

Voted, To accept the report of the Committee as amended.

Voted, That the Counsellors be instructed to apply to the Legislature for such alterations in the Charter of the Society as to sanction the changes effected therein by the By-Laws just adopted, and also for authority to apply the income of the permanent fund to the annual uses of the Society.

Voted, That the Treasurer of the Massachusetts Medical Society, with the consent of the President, be authorized to draw out, annually, the income or interest of the fund of this Society from the office of the Massachusetts Hospital Life Insurance Company, and to give receipts for the same on behalf of the Society.

Voted, That the foregoing By-Laws shall take effect when the necessary sanction of the Legislature shall have been obtained.

Voted, That the existing officers and Counsellors shall continue in office until their places shall have been filled, in accord-

ance with the provisions of the foregoing By-Laws, and when these By-Laws go into operation all preceding ones inconsistent with them shall be repealed.

The Scrutineers reported the following gentlemen elected Counsellors.

Barnstable County.—Drs. John Harpur, E. W. Carpenter, George Shove, Thos. P. Jackson.

Berkshire.—Drs. Royal Fowler, Henry H. Childs, Asa G. Welch, Selden Jennings.

Bristol.—Drs. Caleb Swan, Benoni Carpenter, Johnson Gardner.

Dukes.—Dr. Clement F. Shiverick.

Essex South District.—Drs. A. L. Peirson, George Choate, Asa Story, Abraham Gould, Samuel Johnson, Ebenezer Hunt, Josiah Lamson, Ebenezer S. Phelps.

Essex North District.—Drs. Henry C. Perkins, D. Dana, David Mighill, Timothy Kininston.

Franklin County.—Drs. Stephen W. Williams, James Deane, George W. Hamilton.

Hampden County.—Drs. Jesse W. Rice, Nathan Adams, Cyrus Bell.

Hampshire County.—Drs. Edward G. Ufford, Addison L. Peck, Daniel Thompson, Chauncy A. Hall.

Middlesex County.—Drs. Zadoc Howe, Anson Hooker, Abel H. Wilder, Simon Whitney, Jonathan W. Bemis, Horatio Adams, L. V. Bell, Charles F. Chaplin, Hiram Hosmer, Benj. Cutter.

Middlesex District Society.—Drs. Elisha Huntington, John C. Dalton, Jeremiah P. Jewett, Nehemiah Cutter, Amos B. Bancroft, Alfred Hitchcock, David Wells, John C. Bartlett, John W. Graves.

Nantucket County.—Dr. Elisha P. Fearing.

Norfolk County.—Drs. Ebenezer Stone, Edward Jarvis, Appleton Howe, Jonathan Ware, Henry Bartlett, Ebenezer

Woodward, Simeon Tucker, Stephen Salisbury, Danforth P. Dwight.

Plymouth County.—Drs. Ezekiel Thaxter, Winslow Warren, Paul L. Nichols.

Suffolk County.—Drs. John Ware, Geo. C. Shattuck, Jacob Bigelow, Geo. Hayward, Z. B. Adams, S. D. Townsend, John Homans, Edward Reynolds, John Jeffries, J. C. Hayden, D. H. Storer, Samuel Morrill, J. D. Fisher, C. G. Putnam, A. A. Watson, M. S. Perry, Ezra Palmer, Jr., Daniel Harwood, A. A. Gould, Martin Gay, Henry Dyer, C. H. Stedman, J. B. S. Jackson, George Bartlett, John Odin, J. B. Gregerson, N. B. Shurtleff, Charles Gordon, H. I. Bowditch, H. G. Clark, Charles Chase.

Southern District Society.—Drs. William C. Whitridge, Samuel Sawyer, Joseph Haskell, Jason H. Archer, Andrew Mackie.

Worcester County.—Drs. Edward Flint, Charles W. Wilder, Benjamin Pond, John Green, Joseph Stone, Benjamin F. Heywood, John G. Metcalf, Thomas R. Boutelle, Clisson C. Field, William Workman, Samuel Hartwell.

The Annual Address was read by Dr. Edward Jarvis, of Dorchester.

On motion of Dr. Hooper, of Fall River,

Voted, That the thanks of the Society be presented to Dr. Jarvis for his very able and interesting discourse.

A discussion having arisen in regard to the nature of the certificate which licentiates should be required to exhibit before being permitted to become Fellows of the Society, it was

Voted, That the subject be referred to the Counsellors.

The annual dinner was served at Faneuil Hall.

C. G. PUTNAM, *Recording Sec'y.*

PROCEEDINGS OF THE COUNSELLORS.

October Meeting, 1848.

A stated meeting of the Counsellors of the Massachusetts Medical Society was held at the Masonic Temple, Tremont Street, October 4th, 1848, at 11, A.M.

The records of the last meeting of the Counsellors were read.

The Corresponding Secretary reported the following names of gentlemen who have become Fellows of the Society since the last annual meeting by signing the By-Laws.

Constantine B. O'Donnell, *Boston.*
Jos. Lloyd Martin, *Boston.*
Freeman Richards, *Woburn.*
David Youngman, *S. Woburn.*
George Faulkner, *Roxbury.*
Morris Mattson, *Boston.*
Alfred Lambert, *Springfield.*
Walter Kidder, *Lowell.*

Letters from Fellows stating their desire to retire from the Society were referred to the Committee on Resignations.

Dr. Josiah Crosby, of Manchester, N. H., was elected an honorary member of the Society.

Dr. Levi Chamberlain, of Greenwich (Hampshire Co.) was elected a Fellow of the Society.

A letter from Dr. Williams, of Deerfield, in regard to payment of his expenses as member of the committee on Dr. Childs's Preamble and Resolutions, was referred to the Committee appointed in June last.

Dr. Jarvis, from the Committee on a Sanitary Survey of the State, made an elaborate and interesting report, which was accepted.

A letter from Dr. Levi W. Humphrey, of Southwick, was read, requesting leave to retire from the Society. Referred to the Committee on Resignations.

The report of the Committee to whom was referred the subject of paying the expenses of Committees, was read and accepted.

The Corresponding Secretary reported the following names of gentlemen who had joined the Society since the last stated meeting of the Counsellors, by signing the By-Laws in course, viz.

Constantine B. O'Donnell, *Boston.*
Jos. Lloyd Martin, *Boston.*
Freeman Richards, *Woburn.*
David Youngman, *S. Woburn.*
George Faulkner, *Roxbury.*
Morris Mattson, *Boston.*
Alfred Lambert, *Springfield.*
Walter Kidder, *Lowell.*
William Pitt, *Boston.*
D. D. Slade, "
Thomas Andrews, Jr., *Boston.*
J. J. S. Rogers, *Springfield.*
John H. Jennings, *New Bedford.*
William Barstow, *Roxbury.*
J. S. Williams, *Boston.*

Dr. Joseph Mauran, of Providence, R. I., was nominated as honorary member of the Society.

Dr. Jonathan P. Alden was nominated as Fellow of the Society.

Voted, That a committee be appointed to nominate a committee of five, whose duty it shall be to appoint, with the approbation of the President, the delegates whom the Society is entitled to send to the next annual meeting of the American Medical Association.

Voted, That this committee consist of two members, to be

appointed by the President. Drs. A. L. Peirson, of Salem, and Jeremiah Spofford, of Bradford, were appointed.

Voted, That Dr. Z. B. Adams and Dr. Alexander Thomas be a committee to audit the Treasurer's accounts.

Voted, That Drs. H. I. Bowditch and A. A. Watson be a committee to examine the Library.

Voted, That the following gentlemen constitute the committee to appoint delegates to the Medical Association.

Dr. J. Jeffries, of Boston.
Josiah Bartlett, of Concord.
Jeremy Stimson, of Dedham.
Jonathan Ware, of Milton.
Zadoc Howe, of Billerica.

The further discussion of the report of the Committee on Alterations of the By-Laws, was resumed.

The 7th By-Law was discussed, and after some amendment adopted.

Voted, That the committee be authorized to have copies of the report, as amended, printed for the use of the Counsellors.

Voted, That this meeting be adjourned to Thursday, February 15th, at 11 o'clock, A.M.

C. G. PUTNAM, *Rec. Secretary.*

February Adjourned Meeting.

An Adjourned Meeting of the Counsellors of the Massachusetts Medical Society was held on Thursday, February 15th, at 11 o'clock, A.M., at the Society's room, Tremont Street.

The records of the last meeting were read.

The Recording Secretary and the Treasurer were appointed a committee to prepare a new catalogue of the Fellows of the Society.

Dr. Jeffries proposed a new draft of the 7th By-Law, embracing the amendments adopted at the last meeting.

Voted, To accept the amendments in this form.

Discussions were held on the By-Laws, from the 8th to the 35th inclusive; and all of them with some amendments were adopted.

Voted, That this meeting be adjourned to Tuesday, the 20th instant.

C. G. PUTNAM, *Rec. Secretary.*

FEBRUARY 20TH, ADJOURNED MEETING.

An Adjourned Meeting of the Counsellors of the Massachusetts Medical Society was held on Tuesday, February 20th, 1849, at the Society's room in the Masonic Temple, Tremont Street, at 11 o'clock, A.M.

The records of the last meeting were read.

The Counsellors resolved themselves into a Committee of the Whole, Dr. Ebenezer Alden, of Randolph, in the chair.

XXXth By-Law. Dr. Jeffries moved to amend by adding the four first lines to the XIIIth By-Law.

Voted, To accept this By-Law as amended.

Voted, That the Committee rise and report.

Voted, That the report be accepted.

Voted, That the By-Laws, as amended, be printed and distributed to each member of the Society before the Annual Meeting.

Voted, That Drs. Bigelow, Ware, Alden, Z. B. Adams and J. B. S. Jackson, be a committee to report to the Counsellors upon the finances of the Society.

Voted, That the President and Recording Secretary be authorized to appoint a committee of five to make arrangements for the Annual Meeting.

The following gentlemen were appointed, viz. Drs. C. H. Stedman, J. V. C. Smith, Morrill Wyman, G. A. Bethune, and W. J. Dale.

Voted, To dissolve the meeting.

C. G. PUTNAM, *Rec. Secretary.*

MAY 29TH, SPECIAL MEETING.

A Special Meeting of the Counsellors of the Massachusetts Medical Society was held at the Society's room, in the Masonic Temple, on Tuesday, May 29th, at 11 o'clock, A.M.

The records of the last meeting were read.

The report of the Finance Committee, recommending that the interest of the permanent fund be applied towards the payment of the annual expenses of the Society, and that the annual assessment be reduced to two dollars, was read and accepted. On file.

Voted, That the necessary alterations in the By-Laws (with reference to the above report) be made previously to their presentation to the Society.

Voted, That permission be given to the Fellows residing in Suffolk County, to form a District Society.

Voted, That a clause be inserted in the By-Laws, providing that officers of the Society, not Counsellors, shall be, *ex officio*, entitled to vote at the meetings of the Counsellors.

Voted, That the thanks of the Society be presented to the donor of several valuable anatomical plates to the Library of the Society.

Voted, That the letter of Dr. Glazier, of Fall River, asking permission to become a retired member, be referred to the Committee on Resignations.

Voted, To dissolve the meeting.

C. G. PUTNAM, *Rec. Secretary.*

Meeting, May 31, 1849.

A Stated Meeting of the Counsellors of the Massachusetts Medical Society was held at their room, in the Masonic Temple, May 31st, at 10, A.M.

The records of the last meeting of the Counsellors, and of the proceedings of the Annual Meeting of the Society, were read.

The Corresponding Secretary reported the names of the following gentlemen who had joined the Society since the previous meeting of the Counsellors.

Charles A. King, *Abington.*
A. B. Malcolm, *Boston.*
Henry W. Williams, "
John G. Sewall, "
A. Carter Webber, *Cambridge.*
Ebenezer K. Sanborn, *Lowell.*
George I. Townsend, *Boston.*
Abner H. Brown, *Lowell.*
William L. Harmon, *Lynn.*
Alfred C. Garrett, *Abington.*
C. Soule Cartée.
Robert Green, *Boston.*
Joseph Whitmore, *Lowell.*
John P. Maynard, *Newton.*
Levi Folsom, *New Bedford.*
John B. Taylor, *East Cambridge.*
Alexander S. Butler, *Boston.*
John Renton, *Lynn.*
Jonathan S. Calef, *S. Boston.*
Paul L. Nichols, *Roxbury.*
Benjamin F. Burgess.
Leonard French, *Ashby.*
Levi Howard, *Chelmsford.*
Henry N. Jones, *Kingston.*
C. W. B. Kidder, *Lowell.*

Letters were then read by the Corresponding Secretary, from the following persons, requesting to be allowed to retire from the Society, viz.: Drs. Underwood, of Hingham; Ward N. Boylston, of Princeton; Jesse Chickering, of Roxbury; Smith, of Williamstown; and Alexander Read, of New Bedford. Referred to the Committee on Resignations.

A communication was read from Charles W. Wilder, in which he recommended Dr. William Gadding, of Winchendon, to become a member of the Society by election. His proposition was laid on the table, but subsequently the vote was reconsidered, and the documents referred to the next meeting of the Counsellors.

Some discussion arose as to the nature and date of certificates necessary for admission into the Society, and many desultory remarks were made with reference to the propriety of receiving the credentials of a gentleman who had recently joined the Society.

Voted, That a committee of three be chosen to investigate the subject, and to report at the next stated meeting of the Counsellors.

Drs. Carpenter of Rehoboth, Phelps of Attleboro', and M. R. Randall of Seekonk, were chosen.

A petition from Dr. Root, Secretary of Essex North District Medical Society, was read, requesting that a Board of Censors for Essex North District might be chosen. Laid on the table.

Nominations of Mr. Hayes, of Lowell, and Dr. Blanding, of Philadelphia, to become honorary members, and of J. W. Webster, of South Dennis, to become a Fellow, were read and passed over to the next meeting of the Counsellors.

Petitions from Dr. M. R. Randall, &c., to be set apart as the Bristol District Medical Society, and of Dr. Charles Howe, &c., of Taunton, to be united with it, were granted.

Voted, To proceed to the choice of officers for the ensuing year.

Dr. Bemis, of Charlestown, and Dr. Chase, of Chelsea, were appointed Scrutineers.

Dr. John Ware was chosen *President.*
Joseph Stone, *Vice-President.*
Charles G. Putnam,* *Corresponding Secretary.*
Henry I. Bowditch, *Recording Secretary.*
Abraham A. Watson,† *Librarian.*
Augustus A. Gould, *Treasurer.*

Censors for the First Medical District and for the Society at Large. The following gentlemen were elected.

Drs. J. D. Fisher, George W. Otis, Alexander Thomas, J. B. S. Jackson, John Flint.

The following were chosen Censors for the Second Medical District.

Drs. B. F. Heywood, William Workman, Benjamin Pond, Joseph Sargent, J. G. Metcalf.

The following were chosen Censors of the Third Medical District.

Drs. David Bemis, Jehiel Abbot, E. G. Ufford, S. B. Woodward, James Deane.

The following were chosen Censors of the Fourth Medical District.

Drs. H. H. Childs, A. G. Welch, Robert Worthington, N. S. Babbitt, C. Guiteau.

The following were elected Censors of the Fifth Medical District.

Drs. Alexander Read, Lyman Bartlett, Thomas Wilbur, John Perkins, Perez F. Doggett.

The following were chosen Censors of the Sixth Medical District.

Drs. Aaron Cornish, E. W. Carpenter, T. P. Jackson, J. Leonard, G. Atwood.

Dr. Andrew Mackie, of New Bedford, was chosen to deliver the next Annual Address.

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* In place of Dr. Storer, who declined a re-election.

† In place of Dr. Gay, who declined a re-election.

The following were chosen a Committee on Publications. Drs. Jacob Bigelow, O. W. Holmes, A. Hooker.

The following were elected a Committee on Resignations. Drs. George W. Otis, Jr., Augustus A. Gould, D. H. Storer.

The following Resolutions, appended to the Report of the Committee appointed by the Counsellors to examine the Library and to report to the Society, were called up.

Resolved, That the Librarian be directed to notify all those who have books belonging to the Library, to return them forthwith.

Resolved, That hereafter no Fellow of the Society shall be allowed to have more than four books at a time, or to retain any one longer than six months, without special leave therefor from the Counsellors.

Resolved, That the whole subject of the present condition and future arrangements of the Library be referred to the Counsellors, with full powers to act in the premises as they shall deem most expedient for the rights of the whole Society.

Voted, That the above Resolutions be adopted by the Counsellors, and that Drs. Bowditch, Watson and Jarvis be a committee to consider the subject referred to in the last Resolution. A slight verbal report was subsequently made.

The Committee on Resignations reported favorably in regard to the following applicants.

Drs. Dean Robinson, W. Newbury; William Bridgman, Springfield; Amory Glazier, Fall River; Jonas Underwood, Hingham; William Gordon, Taunton; Philemon Stacy, Hatfield; William W. Cutler, Reading; Charles Thatcher, Boston; John B. King, Nantucket; Levi W. Humphrey, Southwick.

On motion of the Treasurer, it was

Voted, That unless a copy of Copland's Dictionary be prepared before the next Annual Meeting, it be left at the discretion of the Treasurer and Committee on Publications, either to distribute or not, as they shall deem most consistent with the funds of the Society, the usual annual volume.

The Censors of the First Medical District made their report, which was accepted.

On motion of Dr. Jacob Bigelow, it was

Voted, That the vote passed by the Society at their last Annual Meeting, in regard to the revised code of By-Laws, be adopted, and carried into effect by the Counsellors; and that a committee of three be appointed to prepare a memorial to the Legislature on the subject, and report at the next meeting of the Counsellors.

Drs. George Hayward, R. W. Hooper, and H. G. Clark, were appointed a committee under this vote.

On motion of Dr. Peirson, it was

Voted, That Drs. George Hayward, Reynolds, J. Bigelow, Homans and Gould, be a committee on the subject of disposing of the permanent fund of the Society, and that they report to the Counsellors.

Dr. Joseph Mauran, of Providence, R. I., was elected an honorary member, and Dr. J. P. Alden, of Cambridgeport, a Fellow of the Society.

Dr. Jarvis made a verbal report in regard to the doings of the Committee of the Sanitary Survey of the State.

Voted, To dissolve the meeting.

HENRY I. BOWDITCH, *Rec. Secretary.*

Officers of the Massachusetts Medical Society.

CHOSEN MAY 31, 1849.

JOHN WARE, *President.*
JOSEPH STONE, *Vice-President.*
CHARLES G. PUTNAM, *Corresponding Secretary.*
HENRY I. BOWDITCH, *Recording Secretary.*
ABRAHAM A. WATSON, *Librarian.*
AUGUSTUS A. GOULD, *Treasurer.*

CENSORS.

For the Society at Large and the First Medical District. J. D. Fisher, Geo. W. Otis, Alexander Thomas, J. B. S. Jackson, John Flint.

For the Second District. B. F. Heywood, William Workman, Benjamin Pond, Joseph Sargent, J. G. Metcalf.

For the Third District. David Bemis, Jehiel Abbot, E. G. Ufford, S. B. Woodward, James Deane.

For the Fourth District. H. H. Childs, A. G. Welch, Robert Worthington, N. S. Babbitt, C. Guiteau.

For the Fifth District. Alexander Read, Lyman Bartlett, Thomas Wilbur, John Perkins, Perez F. Doggett.

For the Sixth District. Aaron Cornish, E. W. Carpenter, T. P. Jackson, J. Leonard, G. Atwood.

Committee on Publications. Jacob Bigelow, O. W. Holmes, A. Hooker.

Committee on Resignations. Geo. W. Otis, Jr., A. A. Gould, D. H. Storer.

Dr. Andrew Mackie, of New Bedford, was chosen to deliver the next Annual Address.

Officers of District Medical Societies.

Barnstable, Berkshire, Essex North, Essex South, Hampden, Hampshire, Middlesex Southern District, have made no returns to the Corresponding Secretary.

Worcester District Society.—John George Metcalf, *President.* Benjamin Pond, *Vice-President.* William D. Peck, *Secretary.* Benjamin Heywood, *Treasurer and Librarian.*

Committee on the Waldo Legacy. William Workman, Benj. F. Heywood, J. G. Metcalf.

Bristol District Society. John Carpenter, *President.* M. R. Randall, *Vice-President.* Phineas Savory and James Dean, *Librarians.* William F. Perry, *Secretary.*

PROCEEDINGS

OF THE

Massachusetts Medical Society.

1850.

ANNUAL MEETING.

The Annual Meeting of the Massachusetts Medical Society was held at the Masonic Temple, on Wednesday, May 29, 1850, at 10, A.M.

In consequence of the illness of the President, and the death of the Vice-President, the Senior Counsellor, Dr. Bigelow, was called to the Chair.

The records of the last Annual Meeting of the Society, and of the doings of the Counsellors during the year, were read.

The report of the Committee on the Library was read and accepted.

Voted, To proceed to the choice of Counsellors.

Drs. E. W. Blake, Durkee, Harlow, J. W. Stone, and J. C. Dalton, jun. were appointed Scrutineers.

On motion of Dr. Dale, it was voted to close the polls at 12 o'clock.

The Secretary read the attested official copy of the Act of the Legislature, granting alterations in the charter of the Massachusetts Medical Society; and offered the following resolves: —

1. *Resolved*, That, in accordance with and in confirmation

of the vote passed last year, this Society hereby accepts of the charter as amended by the Legislature.

2. *Resolved*, That the new code of By-Laws, as adopted by the Society, shall take effect and go into operation on the first day of August next.

3. *Resolved*, That the Counsellors are hereby directed to district anew the State, as soon as possible after the adjournment of this meeting, and to take measures to have District Societies formed.

On motion of Dr. Carpenter, of Pawtucket, the resolves were divided.

Resolve 1st was adopted.

On motion of Dr. Peirson, the following preamble was prefixed to the 2d and 3d resolves: —

"The provisions of the present By-Laws having been complied with," *Resolved*, &c.

Dr. Adams, of Boston, moved the following as a substitute for the preamble and resolves: —

That, when the changes of the Society's laws, made by the Legislature at its last session, shall be approved and accepted by the Counsellors, they shall immediately go into operation as the future laws of the Society. — *Not voted.*

The preamble and resolves were then *adopted.*

Dr. Hooker presented a report from the Committee on the Treasurer's account, whereby it appeared that the accounts had been correctly kept, and that a balance of $382.26 remained in the Treasury of the Society.

The report was *accepted.*

At the call of Dr. Leonard, of Barnstable district, a communication from that district was read, reflecting upon the professional doings of Dr. H. J. Bigelow.

Dr. Bigelow asked leave to defend himself, which was granted, and, after making explanations, moved that the Barnstable District Medical Society have leave to withdraw its communication.

Dr. T. P. Jackson, of Barnstable district, rejoined, and introduced documents.

Dr. Storer, of Boston, moved the following amendment to Dr. Bigelow's resolution, — "and that the Barnstable District Medical Society be requested so far to amend their records as to expunge the vote of censure passed on Dr. Bigelow."

Letters were read from B. F. Hallet, Esq. in exculpation of Dr. Bigelow.

On motion of Dr. W. E. Townsend, of Boston, the whole subject was *indefinitely postponed.*

The Scrutineers reported the names of the following persons elected as Counsellors for the ensuing year: —

Barnstable County. — Drs. John Harpur, E. W. Carpenter, George Shove, Thomas P. Jackson.

Berkshire. — Drs. Royal Fowler, Henry H. Child, Asa G. Welch, Selden Jennings.

Bristol District Society. — Drs. Ira Samson, Benoni Carpenter, Joseph Hatch.

Dukes' County. — Dr. Clement F. Shiverick.

Essex South District. — Drs. A. L. Peirson, Geo. Choate, Asa Story, Abraham Gould, Samuel Johnson, Ebenezer Hunt, Josiah Lamson, Ebenezer S. Phelps.

Essex North District. — Drs. Henry C. Perkins, D. Dana, Rufus Longley, S. Johnson.

Franklin County. — Drs. Stephen W. Williams, James Doane, George W. Hamilton.

Hampden County. — Drs. Jesse W. Rice, Nathan Adams, Cyrus Bell.

Hampshire County. — Drs. Edward G. Ufford, Addison L. Peck, Daniel Thompson, E. C. Richardson.

Middlesex County. — Drs. Zadoc Howe, Amos Hooker, Morrill Wyman, Simon Whitney, Jonathan W. Bemis, Horatio Adams, Luther V. Bell, Charles P. Chaplin, Hiram Hosmer, J. M. Whittemore.

Middlesex District Society. — J. C. Dalton, J. P. Jewett, A. H. Brown, David Wells, E. Huntington, A. B. Maxwell, N. B. Edwards, and Josiah Bartlett.

Nantucket County. — Dr. Elisha P. Fearing.

Norfolk County. — Drs. Ebenezer Stone, Edward Jarvis, Appleton Howe, Jonathan Ware, Henry Bartlett, Ebenezer Woodward, Simeon Tucker, Stephen Salisbury, Danforth P. Dwight.

Plymouth County. — Drs. Ezekiel Thaxter, Winslow Warren, Paul S. Nichols.

Suffolk County. — Drs. John Ware, George C. Shattuck, Jacob Bigelow, Geo. Hayward, Z. B. Adams, S. D. Townsend, John Homans, Edward Reynolds, John Jeffries, J. C. Hayden, D. H. Storer, Samuel Morrill, C. G. Putnam, A. A. Watson, M. S. Perry, Ezra Palmer, jun. Daniel Harwood, A. A. Gould, Henry Dyer, C. H. Stedman, J. B. Gregerson, J. B. S. Jackson, George Bartlett, John Odin, N. B. Shurtleff, Charles Gordon, Henry I. Bowditch, Henry G. Clark, Charles Chase.

Southern District Society. — Drs. Andrew Mackie, Paul Spooner, Walton L. Ellis.

Worcester County. — Drs. Edward Flint, Charles W. Wilder, Benjamin Pond, John Green, Benjamin P. Heywood, John G. Metcalf, Thos. R. Boutelle, Chas. M. Fay, P. T. Kendall, William Workman, James W. Robbins.

On motion of Dr. Hooper, of Fall River, the report of the elections of Southern District Medical Society was recommitted, with instructions to inquire whether the name of Dr. Lucas was not upon some of the votes handed in.

Subsequently, Dr. Lucas's name was reported by the Committee as having been accidentally omitted.

Voted, likewise, to proceed to vote for the Counsellors for Bristol county.

Subsequently, the names of Dr. Caleb Swan, Benoni Carpenter, and Johnson Gardner, were reported as Counsellors chosen for Bristol county.

Dr. H. J. Bigelow moved a reconsideration of the vote whereby action on the complaint, preferred against him by the Barnstable District Medical Society, was indefinitely postponed.

Dr. H. J. Bigelow presented the following, which was voted:

Resolved, That the complaints preferred by the Barnstable District Medical Society, with the documents relating thereto, be referred to the Counsellors, with a view to an investigation of the facts of the case, and with the request that an opinion be given upon the conduct of Dr. Bigelow, and of the Barnstable District Medical Society.

The amendment to the By-Laws proposed by Dr. Jacob Bigelow at the last meeting of the Counsellors, and by them referred to the Society, was taken up, and *postponed* until the next annual meeting.

A communication from the majority of a Committee of the Southern District Medical Society, respecting trials for mal-practice, was referred to the Counsellors.

Dr. Mackie, of New Bedford, read the Annual Address.

Dr. Peirson, of Salem, moved that the thanks of the Society be presented to Dr. Mackie for his interesting and instructive address.

The Society then adjourned to Faneuil Hall, and there partook of the annual dinner; four hundred and fifty of the Fellows being present.

HENRY I. BOWDITCH,
Recording Secretary.

PROCEEDINGS OF THE COUNSELLORS.

October Meeting, 1849.

A stated meeting of the Counsellors of the Massachusetts Medical Society was held at the Masonic Temple, Oct. 3, 1849, at 11, A.M.

The records of the previous meeting were read.

The Secretary read a letter from Dr. Root, of the Essex North District Medical Society, requesting the Counsellors to "organize said society into a medical district, and appoint a Board of Censors." — Laid upon the table.

The nominations of Dr. Wm. Codding, of Winchenden, J. W. Webster, S. Dennis (as Fellows by election), and Mr. Augustus A. Hays, of Lowell, Dr. William Blanding, of Philadelphia (as honorary members), were brought up by the Secretary. Laid on table. (Subsequently they were taken up, and the first two elected.) *Vide* below.

In the absence of the Chairman (Dr. Hayward), the Secretary read the report of the Committee appointed to draft a memorial to the Legislature, in regard to the new By-Laws. The report was accepted, and the same Committee was directed to present the following memorial to the Legislature, with such changes as may be found necessary, on a further comparison of the proposed new By-Laws with those heretofore in force: —

"To the Honorable Senate and House of the Representatives of the Commonwealth of Massachusetts.

"The undersigned, a Committee of the Massachusetts Medical Society, beg leave respectfully to represent, that, by an Act of the Legislature passed March 8, 1803, it was required that the Counsellors of the Society should be chosen by the Fellows.

"That the meetings of the Counsellors should be held in

the town of Boston, or as near thereto as may be; and it is also required by the Revised Statutes, part 1, chap. 22, that the Censors of the Society shall be chosen by the Counsellors.

"The undersigned would further represent, that, at the last annual meeting of the Society, in May, 1849, various alterations were made in the By-Laws, which it was thought would promote the welfare of the institution. Among these it was proposed, if the sanction of your honorable body could be obtained, that the Counsellors should hereafter be chosen by the District Societies; that the first meeting of the Counsellors should be held in 'such one of the principal towns or cities of the Commonwealth' as the Counsellors shall fix upon as the place for the annual meeting of the Society; and it was also agreed, that the Censors should hereafter be chosen by the District Societies, instead of the Counsellors.

"The undersigned, therefore, pray that such alterations may be made in the Act of 1803, and in sec. 2 of part 1, chap. 22 of the Revised Statutes, as will prevent the proposed By-Laws from conflicting with the Laws of the Commonwealth, and as in duty bound will ever pray."

Dr. Jacob Bigelow suggested, that one duty devolving upon the Committee appointed to memorialize the Legislature was to ask for the right to use the interest of the permanent fund, in accordance with the vote of the Society at its last annual meeting. No vote was taken, as it was considered this duty devolved upon the Committee, in consequence of the previous action of the Society and of the Counsellors.

In the absence of the Chairman (Dr. Hayward), Dr. Jacob Bigelow made a verbal report from the Committee on the permanent fund; requesting that the Committee might be discharged, as they could not propose any plan that would not be inconsistent with the votes previously passed by the Society, whereby the subject was ordered to be brought before the Legislature of Massachusetts.

Voted, To accept the report, and discharge the Committee.

A communication from Lemuel Shattuck, Esq. was pre-

sented, requesting the aid of the Counsellors in a report to be made to the Legislature, in regard to a sanitary survey of the State, &c.

On motion of Dr. Bowditch, the memorial was referred to a Select Committee, with full powers.

The following gentlemen compose that Committee: Drs. Edward Jarvis, J. D. Fisher, Samuel Parkman.

The Librarian stated, that, with his permission, Mr. Shattuck had taken some books from the Library, which he (Mr. S.) wished permanently to retain.

On motion of Dr. Gould, it was voted that Mr. Shattuck be allowed to retain the books until after the report has been made to the Legislature; and, after that period, the books must be immediately returned.

The Librarian reported, that no perfect set of the Society's published papers could be found in the Library.

Whereupon, on motion of Dr. Chase, it was —

Voted, That the Librarian be requested to procure one or more copies of the Society's Transactions; and that he be allowed, if necessary, to *purchase one* set.

The amendment of the Constitution, proposed at the last meeting, was taken up, and, on motion of Dr. Bowditch, was indefinitely postponed.

Voted, To appoint a Committee of seven to district the State, in a manner agreeable to the new By-Laws.

The following gentlemen composed that Committee: —

Dr. Reynolds, of Suffolk; Dr. Pond, of Worcester; Dr. Ufford, of Hampshire; Dr. Worthington, of Berkshire; Dr. Bartlett, of Norfolk; Dr. Carpenter, of Bristol; Dr. Adams, of Middlesex.

Voted, That a Committee of three be appointed to nominate delegates from the Massachusetts Medical Society, to attend at the next meeting of the American Medical Association; said Committee to report to the Counsellors at their next stated meeting.

The following gentlemen composed the Committee: Dr. Jacob Bigelow, Dr. Bemis, Dr. A. A. Gould.

On motion of Dr. Bowditch, the Secretary was directed hereafter to advertise the meetings of the Counsellors in three newspapers, published in Boston, one of which shall be, if possible, a medical journal.

He was likewise directed to send a private notice of such meetings to every Counsellor in the State.

Voted, That the Secretary be allowed to employ a clerk to arrange the documents belonging to the Society, in a more methodical manner, and easy of reference, provided that not more than twenty dollars be expended therefor.

The nominations of Drs. Codding and Webster were taken up, and both these gentlemen were elected Fellows of the Society.

The nominations of Mr. Hayes, of Lowell, and Dr. Blanding, of Philadelphia, were referred to the next meeting of the Counsellors.

The meeting was then dissolved.

HENRY I. BOWDITCH, *Rec. Secretary.*

February Meeting, 1850.

The Counsellors of the Massachusetts Medical Society met Feb. 6, 1850, at 11, A.M. at their room at the Masonic Temple in Boston; the President in the Chair.

The reading of the records was postponed, in order to enable Dr. A. L. Peirson to lay before the Counsellors a letter from Dr. D. A. Grosvenor, of North Reading, requesting to be relieved from paying a part of a note of forty dollars, due from him to the Society.

On motion of Dr. Peirson, it was voted that 33 per cent of note be deducted, provided Dr. Grosvenor has paid up, or shall pay up, all dues that have been incurred since said note was given.

The records of the previous meeting were read.

The Corresponding Secretary reported, that the following persons had joined the Society since the last meeting of the Society: —

Richard Irwin	South Boston.
James M. Sharkey . . .	Boston.
Benjamin D. Bartlett . .	Lowell.
Ralph K. Jones . . .	Tisbury.
Chauncy Booth, jun. . .	Somerville.
Henry S. Babbitt . . .	Lowell.
Jonah Franklin Dyer . .	Boston.
William Otis Johnson . .	Lynn.
J. Edward Bower . . .	Ipswich.
Samuel Shaw	Wareham.
William H. Thorndike . .	East Boston.
Joseph O. West . . .	Lowell.
Charles Israel Putnam . .	Somerville.

The nominations of Mr. Hayes and Dr. Blanding were taken up, and both were elected honorary members of the Massachusetts Medical Society.

Dr. Reynolds, from the Committee on districting the State, requested further time. — *Granted.*

Dr. Putnam read a communication from Dr. H. J. Bigelow, Chairman of a Committee of the Suffolk District Medical Society, and enclosing the following vote, passed by said District Society: —

"Voted to recommit the matter to the same Committee, with instructions to consult the Counsellors of the Massachusetts Medical Society, and to obtain their opinion of the powers possessed by a District Society to establish a fee-bill, and regulate matters of medical police."

On motion of Dr. Putnam, it was voted that the subject be referred to a Committee of five.

The Committee consisted of the following: Drs. Putnam, Bowditch, and H. J. Bigelow, of Boston; Dr. A. Hooker, Cambridge; and Dr. Bemis, Charlestown.

The Committee on resignations made the following report,

viz. that the following Fellows be allowed to become retired members, for the various reasons assigned by them, viz.: Drs. Alexander Read, of New Bedford; Samuel Smith, of Williamstown; Atherton Clark, of Easthampton; Chandler Flagg, of Marblehead, — having reached the age of sixty years, and having paid their dues; Dr. Francis W. Fisher, having removed from the State, and Ward Nicholas Boylston, Princeton, who has relinquished practice; but that the request of Dr. Jesse Chickering to become a retired member, merely for the reason that he has removed from the city of Boston, be not granted. (Signed) A. A. Gould.

The report was accepted.

Dr. Bigelow, from the Committee appointed to nominate delegates to the American Medical Association, reported —

Barnstable County. — Elisha W. Carpenter, Chatham; Aaron Cornish, Falmouth.

Berkshire. — Henry H. Child, Pittsfield; Royal Fowler, Stockbridge; Selden Jennings, Richmond.

Bristol County. — Andrew Mackie, New Bedford; Foster Hooper, Fall River; Lyman Bartlett, Paul Spooner, and William C. Whittredge, New Bedford.

Essex County. — George Choate, Salem; George Coggswell, Bradford; Benjamin Cox, jun. Salem; Samuel Johnson, Salem; Rufus Longley, Haverhill; A. L. Peirson, Salem; H. C. Perkins, Newburyport; Richard S. Spofford, Newburyport; Jeremiah Spofford, Bradford; Augustus Torrey, Beverly; Joseph Farnum, Salem; Henry Wheatland, Salem.

Franklin County. — Stephen W. Williams, Deerfield; Alpheus S. Stone, Greenfield.

Hampden County. — James M. Smith, Springfield; David Bemis, Chickopee; Harrison Gray, Springfield; Alfred Lambert, Springfield.

Hampshire. — Benjamin Barrett and Edward E. Denniston, Northampton.

Middlesex County. — Horatio Adams, Waltham; Josiah

Bartlett, Concord; Luther V. Bell, Somerville; Jonathan W. Bemis, Charlestown; Nehemiah Cutter, Pepperell; John C. Dalton, John C. Green, and J. W. Graves, Lowell; Anson Hooker, East Cambridge; Alfred Hitchcock, Ashby; Hiram Hosmer, Watertown; Zadoc Howe, Billerica; Elisha Huntington, Lowell; J. S. Hurd, Charlestown; Gilman Kimball, Lowell; Abraham R. Thompson, Charlestown; Timothy Wellington, West Cambridge; Simon Whitney, Framingham; Morrill Wyman, Cambridge; Benjamin Cutler, Woburn.

Nantucket County. — Elisha P. Fearing, Nantucket.

Norfolk County. — Henry Bartlett, Roxbury; Nathaniel Miller, Franklin; E. D. Miller and Edward Jarvis, Dorchester; Christopher C. Holmes, Milton; Ebenezer Alden, Randolph; Jeremy Stimpson, Dedham; Ebenezer Woodward, Quincy; B. E. Cotting, Roxbury; W. P. Dexter, Brookline.

Plymouth County. — Paul L. Nichols, Kingston; Winslow Warren, Plymouth.

Suffolk County. — Z. B. Adams, Henry I. Bowditch, Henry G. Clarke, J. D. Fisher, John Flint, Charles Gordon, Augustus A. Gould, James B. Gregerson, John C. Hayden, George Hayward, John Homans, H. B. Inches, James Jackson, J. B. S. Jackson, John Jeffries, Winslow Lewis, Samuel Morrill, Samuel Parkman, M. S. Perry, Charles G. Putnam, Edward Reynolds, George C. Shattuck, jun., J. V. C. Smith, D. H. Storer, John Ware, Charles E. Ware, J. C. Warren, J. Mason Warren, and S. D. Townsend, Boston.

Worcester County. — Edward Flint, Leominster; Joseph Sargent, Worcester; D. S. C. H. Smith, Sutton; Charles W. Wilder, Leominster.

The report was accepted; and, on motion of Dr. Bigelow, it was voted that the Secretary be directed to send a circular to those nominated, requesting them to inform him whether or not they would accept, and that the President be allowed to fill all vacancies in the list.

The President nominated Drs. Anson Hooker and S. Cabot to audit the Treasurer's account; also Drs. G. H. Lyman and Buckminster Brown to examine the Library.

On motion of Dr. Bowditch, it was voted to appoint a Committee of five to make arrangements for the annual dinner.

Drs. William J. Dale, H. J. Bigelow, W. W. Morland, C. E. Buckingham, of Boston, and J. W. Bemis, of Charlestown, composed that Committee.

On motion, it was voted to refer Dr. Root's letter, relative to Essex North District, to the Committee on districting the State.

Dr. Bigelow stated that he had received a communication from the Chairman of the Committee on Education, of Massachusetts, respecting his opinion upon the request made by the Medical Institution (Thompsonian) of Worcester to be allowed to grant medical degrees.

Dr. Gardner moved that a Committee of five be appointed from the Counsellors to oppose this application, before the Committee of the Legislature.

Pending the discussion on this proposition, Dr. Carpenter remarked that he thought a remonstrance should be forthwith sent to the Legislature.

Whereupon, Dr. Bigelow proposed, for the adoption of the Counsellors, a remonstrance which he prepared.

This was accepted by the Counsellors, signed by the President, and sent to the State House.

Dr. Gardner's motion was then adopted; and Drs. Bigelow, Gardner, Hitchcock, Peirson, and Dalton were chosen a Committee to carry said vote into effect.

Dr. Hayward reported that the Legislature had partially acted upon the petition of the Society for a change in its Constitution, and for permission to use the permanent fund. The House of Representatives had unanimously reported a Bill granting the request, and the Senate had it now under consideration; and it would doubtless become a law in a few days.

Dr. Bigelow moved the following amendment to the thirty-ninth By-Law, viz. the insertion of the following words after the word *Fellow* in the second line, — " at the annual meeting; also an important amendment in the reports of the Counsellors to the Society." — *Voted.*

Dr. Fisher presented the following vote, passed by the Board of Censors, viz. " That the Secretary be directed to make application to the Counsellors, at their next stated meeting, for advice with respect to the diplomas which may from time to time be presented to the Board of Censors from the Castleton Medical College and from Foreign Universities."

On motion of Dr. Carpenter, it was referred to a Committee of three.

The following gentlemen composed that Committee: Dr. Hayward, Dr. Z. B. Adams, Dr. Peirson.

Dr. Carpenter made a verbal report relative to Dr. Folsom, and asked for further time. — *Granted.*

Dr. S. C. Arnold, of Providence, R. I. was nominated as honorary member of the Society by Drs. Bigelow, Gardner, and Fisher.

The President stated that the Suffolk District Medical Society had held its meetings in the Counsellors' room, without due authority. He suggested that leave be granted to that effect.

On motion of Dr. Bigelow, it was voted that the Suffolk District Medical Society be allowed to use the Counsellors' room at any time when it is not required by the Counsellors for their own use, at such a rent as the President and Treasurer shall deem just; said Society paying all contingent expenses.

Dr. Carpenter moved the following votes: —

Resolved, That all homœopathic practitioners are, or should be, denominated irregular practitioners, and, according to the By-Laws of this Society made and provided, ought to be expelled from membership.

Resolved, That Ira Barrows, of Norton, now a member of

this Society, ought to be, and by a vote of this Society is, expelled from membership, for the following reasons:

1. For being guilty of dishonorable conduct;

2. For being the maker and vender, at sundry different times, of certain and several quack medicines;

3. For being an irregular practitioner, having adopted the homœopathic or infinitesimal or loaf-sugar system.

On motion of Dr. Bigelow, the first resolve was laid upon the table; and, on motion of Dr. J. B. S. Jackson, the resolves relative to Dr. Barrows were referred to a Committee of three.

The Committee consisted of Drs. Caleb Swan, of Easton; Randall, of Rehoboth; and Phelps, of Attleborough.

The Recording Secretary stated that he had received official notice of the formation of the Bristol District Medical Society, and of the Suffolk District Medical Society.

Voted, To dissolve the meeting.

HENRY I. BOWDITCH, *Rec. Secretary.*

May 30, 1850.

A stated meeting of the Counsellors of the Massachusetts Medical Society was held May 30, 1850, at 10, A.M. at the Masonic Temple.

The records of the preceding meeting were read.

The Corresponding Secretary reported the names of the following persons who have joined the Society: —

Darius A. Dow . . .	Shirley Village.
Edwin Leigh . . .	Boston.
Franklin F. Patch . .	"
Charles N. Germaine . .	"
Jabez Fisher . . .	Cambridgeport.
Benjamin S. Codman . .	Boston.
John L. Colby . . .	Manchester.

Hervey E. Weston . .	Boston.
Thomas S. Wright . .	„ .
E. Lewis Warren . .	West Needham.
Ambrose Gould . . .	Lowell.
Moses R. Greeley . .	Charlestown.
Elisha B. Shapleigh . .	Lowell.
Charles F. Trafton . .	Boston.
Samuel R. Philbrick . .	„
David Dana . . .	Lawrence.
Stephen Huse . . .	Methuen.
Marcus B. Leonard . .	East Boston.
John Howell Mackie .	Nantucket.
James A. Tilton . .	Amesbury.
Joseph D. Mitchell . .	St. Stephens, N.B.

Dr. Jacob Bigelow reported verbally for the Committee on publications.

Voted, To proceed to the choice of officers. Drs. Gordon and Creary were appointed Scrutineers.

The Secretary stated that he had been requested by the Chairman of the Committee on districting the State to request further time. — *Granted.*

On motion of Dr. George Hayward, the President and Recording Secretary were added to the Committee.

Dr. Homans moved that one be added from each county, not represented on the Committee. — *Voted.*

The Treasurer made his report. — *Accepted.*

A letter from Dr. Ford, of Hyannis, was referred to the Committee on resignations.

Dr. Putnam presented a report on the subject of the right of District Societies to establish fee-bills, and concluding with the following, — "that the establishment of a fee-bill by the Suffolk District Medical Society is not supported by the laws." — *Accepted.*

Dr. Hayward reported "with reference to diplomas received from Castleton Medical College and from Foreign Universities," and recommended, in behalf of the Committee,

that, in all cases hereafter in which persons not having a diploma from an institution in this State "apply for admission to the Society, the Censors should satisfy themselves by examining such applicants, that they have pursued a course of study fully equal to that prescribed by this Society, and complied with all its requirements in relation to admission; and that without such examination they should not be admitted to Fellowship." — *Accepted.*

On motion of Dr. Hayward, it was voted that an abstract of the report be sent to each Censorial Board in the State.

Dr. Carpenter reported verbally on the matter of Dr. Folsom, and stated that the Committee could not procure any data upon which to act, and asked that the Committee might be discharged.

Dr. Spooner read a letter from Dr. Folsom.

On motion of Dr. Gordon, of Boston, the subject was referred back to the same Committee, who should be authorized to procure certified copies of any documents that may be in the hands of the Dean of the Medical Faculty of Harvard University, and of the Treasurer of the New Bedford Medical Association, that refer to the subject.

The report of the Committee on the subject of complaints, made against Dr. Barrows, was read.

Dr. Gordon moved that the various charges be taken up and voted upon *seriatim*. — Voted.

Dr. Storer moved that the Counsellors propose to the Society the expulsion of Dr. Barrows on the ground of "gross immorality," in having broken his solemn pledge given to Dr. Carpenter.

Dr. Carpenter acted as accuser, and Dr. Barrows (present by invitation of the Committee) defended himself.

Dr. Storer's motion was then passed, *nem. con.*

The following resolve, passed by the Society, was referred to a Committee to report at the next Counsellors' meeting.

Resolved, That the complaints preferred by the Barnstable District Medical Society, with the documents relating thereto, be referred to the Counsellors with a view to an investiga-

tion of the facts of the case, and with the request that an opinion be given upon the conduct of Dr. H. J. Bigelow and the Barnstable District Medical Society.

The following composed that Committee: Drs. James Jackson, A. A. Gould, Luther V. Bell.

The communication from the Southern District, relative to trials for mal-practice, was *referred to a Committee* of three, under the following vote offered by Dr. Creary: —

Whereas prosecutions for mal-practice have of late become alarmingly frequent, so much so as to demand some decided action for our own and the protection of our brethren. Therefore *Resolved*, That a Committee of three be appointed to prepare and present to the Counsellors, at their next meeting, some plan whereby physicians or surgeons who may be prosecuted for mal-practice shall be more fully protected than they are by our present jury-trial system.

The following composed the Committee: Dr. Creary, of Fall River; Dr. Hooper, of Fall River; Dr. Peirson, of Salem.

Dr. Jeffries presented a memorial from the Suffolk District Medical Society, relative to certain members of the Society who had violated the laws. Referred to a Committee of three, viz. Drs. Jeffries, C. E. Buckingham, J. C. Dalton, with full powers to investigate and report "some mode of action on the cases of infraction of the laws, presented by the Suffolk District Medical Society, at the next meeting of the Counsellors."

Dr. Peirson presented a letter from Dr. Colby, of Salem, asking leave to retire from the Society, on the ground of his having become a homœopathist.

Dr. Peirson moved that the documents be referred to a Committee of three, whose duty it should be to devise some course of action to be pursued by the Society in regard to all homœopathists, and report at the next meeting.

Drs. Hayward, O. W. Holmes, and J. B. S. Jackson, composed the Committee.

On motion of Dr. Gordon, it was voted to add two more to the Committee on the memorial from the Southern District.

Drs. Gordon and Putnam were added to the Committee.

Dr. Adams, of Boston, moved that the Committee on publications be requested to publish forthwith the Revised By-Laws. — *Voted.*

Dr. Bowditch moved that they be directed to publish annually a list of all the Fellows of the Society, and likewise the names of all Counsellors present at each meeting. — *Voted.*

The Scrutineers reported, at various times during the meeting, the following as the Officers of the Society for the ensuing year: Dr. John Ware, President; Dr. Andrew Mackie, Vice-President; Dr. Charles G. Putnam, Corresponding Secretary; Dr. Henry I. Bowditch, Recording Secretary; Dr. Abraham A. Watson, Librarian; Dr. Augustus A. Gould, Treasurer.

Censors for the First Medical District and for the Society at large: Drs. George W. Otis, Alexander Thomas, J. B. S. Jackson, Samuel Morrill, John Flint.

Censors for the Second Medical District: Drs. Heywood, Wm. Workman, Benj. Pond, J. Sargent, and J. G. Metcalf.

Censors for the Third Medical District: Drs. D. Bemis, S. D. Brooks, D. Thompson, E. G. Ufford, James Deane.

Censors for the Fourth Medical District: Drs. H. H. Childs, A. G. Welch, Robert Worthington, N. S. Babbitt, Corydon Guiteau.

Censors for the Fifth Medical District: Drs. Julius S. Mayhew, Henry Willard, John Perkins, Elijah Colby, Perez F. Doggett.

Censors for Sixth Medical District: Drs. Aaron Cornish, E. W. Carpenter, T. P. Jackson, J. Leonard, G. Atwood.

Committee on Publications: Drs. Jeffries, Charles E. Ware, S. Parkman.

Committee on Resignations: Drs. Geo. W. Otis, A. A. Gould, D. H. Storer.

Dr. D. H. Storer was chosen to deliver the next Annual Address.

Dr. S. A. Arnold was chosen an honorary member of the Society.

Voted, That the Committee on resignations be authorized to direct such measures, legal or otherwise, for collecting arrearages, as they may deem necessary; and that they have power to adjust the accounts of individuals, as their several cases may seem to demand.

The meeting was then dissolved.

HENRY I. BOWDITCH, *Rec. Secretary.*

Officers of the Massachusetts Medical Society,

CHOSEN MAY 30, 1850.

JOHN WARE	PRESIDENT.
ANDREW MACKIE	VICE-PRESIDENT.
CHARLES G. PUTNAM	COR. SECRETARY.
HENRY I. BOWDITCH	REC. SECRETARY.
ABRAHAM A. WATSON	LIBRARIAN.
AUGUSTUS A. GOULD	TREASURER.

CENSORS.

For the First Medical District, and the Society at Large. — Geo. W. Otis, Alexander Thomas, J. B. S. Jackson, Samuel Morrill, John Flint.

For the Second Medical District. — B. F. Heywood, Wm. Workman, Benjamin Pond, J. Sargent, J. G. Metcalf.

For the Third Medical District. — D. Bemis, J. D. Brooks, D. Thompson, E. G. Ufford, James Deane.

For the Fourth Medical District. — H. H. Childs, A. G. Welch, Robt. Worthington, N. S. Babbitt, Corydon Guiteau.

For the Fifth Medical District. — Julius S. Mayhew, Henry Willard, John Perkins, Elijah Colby, Perez F. Doggett.

For the Sixth Medical District. — Aaron Cornish, E. W. Carpenter, T. P. Jackson, J. Leonard, G. Atwood.

COMMITTEE ON PUBLICATIONS.

J. Jeffries, Charles E. Ware, S. Parkman.

COMMITTEE ON RESIGNATIONS.

George W. Otis, A. A. Gould, D. H. Storer.

Dr. D. H. Storer was chosen to deliver the next Annual Address.

Officers of District Medical Societies.

The following list of the officers of the various District Societies has been made out from the only documents upon the subject that have reached the Secretary: —

Barnstable District Medical Society. — E. W. Carpenter, *President;* Jonathan Leonard, *Vice-President;* S. H. Gould, *Secretary;* George Shove, *Treasurer and Librarian.*

Bristol District Medical Society. — Johnson Gardner, *President;* Joseph H. Hatch, *Vice-President;* Thaddeus Phelps, *Secretary and Treasurer;* Phineas Savery and James B. Dean, *Librarians.*

Essex North District Medical Society. — H. C. Perkins, *President;* J. Appleton, *Vice-President;* M. Root, *Secretary;* J. Spofford, *Treasurer and Librarian.*

Essex South District Medical Society. — A. L. Peirson, *President;* George Choate, *Vice-President;* Edward B. Peirson, *Librarian;* Joseph Farnum, *Treasurer;* Wm. H. Prince, *Secretary.*

Hampden District Medical Society. — Jesse W. Rice, *President;* Alfred Lambert, *Treasurer and Librarian.*

Hampshire District Medical Society. — Hervey Orcutt, *President;* S. D. Brooks, *Vice-President;* Horatio Thompson, *Secretary.*

Middlesex District Medical Society. — John C. Dalton, *President;* J. C. Bartlett, *Vice-President;* A. H. Brown, *Secretary;* L. B. Morse, *Treasurer and Librarian;* E. Huntington, N. Cutter, J. P. Jewett, *Standing Committee.*

Southern District Medical Society. — Foster Hooper, *President;* B. B. Sisson, *First Vice-President;* Julius S. Mayhew, *Second Vice-President;* Elijah Colby, *Secretary;* William A. Gorham, *Treasurer and Librarian.*

Suffolk District Medical Society. — John Jeffries, *President;* Samuel Cabot, jun. *Vice-President;* Charles Gordon, *Treasurer;* William E. Coale, *Librarian;* E. W. Blake, *Secretary;* Z. B. Adams and N. B. Shurtleff, *Committee of Supervision.*

Worcester District Medical Society. — John G. Metcalf, *President;* Benjamin Pond, *Vice-President;* William D. Peck, *Secretary;* Benjamin F. Heywood, *Treasurer and Librarian;* William Workman, B. F. Heywood, J. G. Metcalf, *Committee on the Waldo Fund.*

No returns from Berkshire.

PROCEEDINGS

OF THE

Massachusetts Medical Society.

1851.

ANNUAL MEETING.

The Annual Meeting of the Massachusetts Medical Society was held at the City Hall in Worcester, on Wednesday, May 28, 1851, at 10, A.M.; the President in the Chair.

The records of the last Annual Meeting of the Society, and of the doings of the Counsellors during the year, were read.

The Corresponding Secretary reported that the whole Society had been districted, and read the names of those who had joined the Society during the year; namely, —

J. Howell Mackie . . .	Nantucket.
James A. Tilton	Amesbury.
H. A. Jewett	Northborough.
A. L. Huntley	Fitchburg.
E. Lewis Warren	Needham.
Stephen Huse	Methuen.
David Dana	Lawrence.
Gustavus F. Matthes . . .	Boston.
David Youngman	Winchester.
Marcus B. Leonard . . .	E. Boston.
Peter Pineo	Barnstable.

Edward A. Wild	Brookline.
W. H. Brown	Tyngsborough.
Augustus T. Peirce	"
S. D. Brooks	South Hadley.
Thomas R. Owens	Boston.
James Howarth	Andover.
John E. Sanborn	Medford.
Waldo I. Burnett	Boston.
Dexter Baldwin	Marlborough.
George Field, jun.	Boston.
Edward Gage	"
John S. H. Fogg	South Boston.
Luther Johnson	Boston.
Timothy Childs	Pittsfield.
A. S. Church	Gt. Barrington.
N. J. Wilson	Pittsfield.
Isaac S. Cole	"
George A. Perkins	Salem.
Thomas Keenan	Lynnfield.
N. C. Stevens	Boston.
Oscar D. Abbot	Newburyport.
E. W. Gleason	Boston.
S. J. W. Tabor	Shelburne Falls.
Charles S. Knowlton	Ashfield.
J. D. Nichols	Taunton.
Moses L. Atkinson	Lawrence.
Seneca Sargent	"
E. B. Allen	"
George W. Sanborn	"
H. M. Gouch	Georgetown.
William H. Gorham	Dorchester.
Caleb S. Tuft	Canton.
John Spare	New Bedford.
Robert T. Davis	Fall River.
P. W. Leland	" "
Jerome Divilley	" "
Thomas Fletcher Oakes	Boston.
Benjamin F. Smith	Amherst.
Ariel I. Cummings	Roxbury.

Timothy I. Nute	Roxbury.
Asa Hoyt	Framingham.
Henry Sargent	Worcester.
Oramel Martin	"
Charles W. Whitcomb . . .	"
John L. Sullivan, jun. . . .	Malden.
Samuel L. Bigelow . . .	Boston.
George W. Warren . . .	West Boylston.
Wm. L. Lincoln	Winchendon.
Isaac P. Willis	S. Royalston.
Alfred Miller	Ashburnham.
William M. Barrett . . .	Fitchburg.
Rowse R. Clarke	Whitinsville.
Charles W. Wilder . . .	Fitchburg.
Hubbard C. Harriman . . .	Gardner.
Charles L. Hubbell . . .	Williamstown.
Elisha L. Hawks	North Adams.
William L. Jackson . . .	Pittsfield.
H. J. Norton	Lanesborough.
Alonzo M. Bowker . . .	Savery.
Leland L. Miller	Pittsfield.
Avery Williams	"
R. G. Griswold	Lanesborough.
George C. Lawrence . . .	Adams.
Lanning L. Cole	Cheshire.
Justin Smith	Hinsdale.
Samuel C. Harrington . . .	Lee.
John B. Gifford	"
Lucius L. Adams	Stockbridge.
E. A. S. Nichols	Philadelphia.

Dr. Morrill Wyman, Chairman of the Committee, appointed to present Scientific Communications, read his report.

On a motion made by Dr. Bowditch, it was voted, "That, in case business prevent the Scientific Communications from being read during the day, the Society, when it adjourns, adjourn to the next morning, at ten o'clock."

The next business in order was the recommendation of

the Counsellors to the Society, "that Dr. Barrows be expelled from the Society, on the ground of gross immorality, in having broken his solemn pledge given to Dr. Carpenter."

At one o'clock, Dr. Storer, of Boston, read the Annual Address.

On a motion by Dr. Peirson, of Salem, it was voted that the thanks of the Society be presented to Dr. Storer for his excellent and suggestive discourse.

On the motion of Dr. Bell, it was voted that the Society adjourn to half-past three o'clock, P.M.

At half-past two, the Society proceeded to Flagg's Hall, where they partook of the annual dinner. About three hundred and seventy-five of the Fellows were present.

Afternoon Session.

At half-past four o'clock, P.M. the Society was called to order by the President.

Dr. Bowditch offered the following resolution: "*Resolved*, That the Counsellors be requested to make such alterations in the Constitution and By-laws, that hereafter all matters may be referred to the Counsellors or the District Societies for ultimate decision." — *Adopted.*

Dr. Hooper, of Fall River, offered the following resolution: "*Resolved*, That the Librarian of this Society be requested to act as the agent of such members of this Society as may wish to become permanent subscribers to the publications of the American Medical Association, to procure said publications, and distribute the same to the subscribers, with the publications of this Society; and that he be allowed five per cent for the transaction of the business." — *Adopted.*

Dr. Mackie remarked, that, since the State had been districted anew, the latter part of the fifteenth By-law had become inoperative. He moved that thus much be stricken off: "and, at least, one Counsellor shall be elected from each county." — Referred to the Counsellors.

It was voted, on motion of Dr. Mackie, to refer to the Counsellors the proposition to alter the By-laws, so as to admit of a change of time of meeting.

Dr. Wild had the floor.

At a quarter to five o'clock, P.M. he gave way to a motion, made by Dr. Hooper, "That the Society adjourn to ten o'clock, A.M. of the Thursday following the first Wednesday in October next." — *Voted.*

CHARLES E. WARE,

Recording Secretary.

PROCEEDINGS OF THE COUNSELLORS.

October Meeting, 1850.

The Counsellors of the Massachusetts Medical Society held a stated meeting at the Masonic Temple in Boston, at 11, A.M., Oct. 2, 1850.

The following individuals were present: Drs. S. Whitney, A. Mackie, H. Hosmer, H. Adams, G. Shore, T. P. Jackson, J. Sampson, A. A. Watson, B. Pond, B. Carpenter, A. Story, J. Harpur, E. Hunt, R. Longley, J. Hayward, E. Reynolds, J. P. Jewett, N. B. Shurtleff, C. Chase, J. C. Dalton, J. C. Hayden, J. Morrill, J. Jeffries, C. H. Stedman, J. W. Robbins, P. T. Kendall, A. A. Gould, C. J. Putnam, J. Ware, H. I. Bowditch, S. Tucker, N. B. Edwards, J. B. S. Jackson, E. Jarvis, A. L. Peirson, John Homans, J. Bemis, J. Flint, D. H. Storer, M. S. Perry, A. Hooker.

The records of the last meeting were read.

Dr. Reynolds presented the report of the Committee on Districting the State.

The report was discussed *seriatim*, and some amendments made, and all the districts established, with the exception of Hampshire, Hampden, and Franklin, the consideration of which was postponed to the next meeting of the Counsellors. Pending the discussion, letters were read from Drs. Williams of Deerfield, Gray of Springfield, and Thompson of Belchertown, relative to the union of those counties. A petition was likewise presented from Dr. Cutter, of Woburn, and eighteen others, praying to be set apart as the Middlesex (East) District Medical Society.

The Districts thus established, after amending the Report of the Committee, are as follows: —

Berkshire, *Worcester*, *Norfolk*, *Suffolk*, *Barnstable*, will each correspond with the county lines, and form each one district.

Essex and *Bristol* will be divided into two districts. The *Essex County* will remain as heretofore, under the title of Essex North and Essex South. *Bristol* will retain its present North District; but to Bristol South (as proposed by the Committee) will be added the towns of Middleborough, Rochester, and Wareham. That is, the limits of the "Southern District," as it has heretofore been called, were applied to Bristol South. Dukes and Nantucket Counties are to be included also in the same.

Plymouth will form one district, and correspond to its county lines, with the exception of these same towns (Middleborough, Rochester, Wareham).

Middlesex will be divided into *three* districts; namely, *Middlesex East*, consisting of the following towns, — Woburn, Winchester, Stoneham, Melrose, South Reading, Reading, Wilmington, and Burlington; *Middlesex North*, comprising all the towns formerly included, with the exception of the above-named towns, and likewise Stow and Concord; *Middlesex South*, consisting of Stow and Concord, and all towns not included in the other districts.

Voted that the above districts be established.

The resolution of the Committee relative to Hampshire, Hampden, and Franklin, and which was *postponed* until the *next* meeting of the Counsellors, is as follows: "That Franklin, Hampden, and Hampshire form each one district; or that the three together form one district, if they wish to form such a union at any time previous to the next annual meeting of the Society."

The whole report, as amended, was accepted, and the Committee discharged.

On motion of Dr. Bowditch, it was *voted*, "That the President of the Society be requested to give official notice to all the Counsellors of the Society of the formation of the above districts, accompanied with a statement of the duties devolv-

ing upon the members of the society, in consequence of the new By-laws."

The Corresponding Secretary reported the names of the following persons, who had joined the Society since the last meeting of the Counsellors: —

G. F. Matthes	Boston.
Peter Pineo	Barnstable.
Edward A. Wild	Brookline.
Howard Sargent	Boston.
Charles D. Homans	"
Calvin Ellis	"
Edmund T. Eastman	"
Thomas R. Owens	"
James Howarth	Andover.
John E. Sanborn	Medford.
Waldo J. Burnett	Boston.
Dexter Baldwin	Marlborough.
George Field, jun.	Boston.

Dr. Jeffries presented a report from the Committee on Publications, which was *accepted.*

The purport of it was the following recommendation, which was *adopted;* viz. "That the low condition of the Treasury, and the fact that the Society stands pledged to take another volume of Copland's Dictionary, when it is issued by the publisher, makes it necessary to recommend that no other work be purchased or printed this year."

Dr. Jeffries read a report from the Committee on Infraction of By-laws, presented by the Suffolk District Society, and offered the following resolution, appended to the report: —

"*Resolved*, That the several cases of infraction of the laws of the Society, reported by the Suffolk District Society, be referred to the said Society for adjudication; and that the said Society be directed to examine each case, to try each supposed offender, and to render such a verdict as they shall recommend for the adoption of the Counsellors."

The report was *accepted*, and the resolution *adopted.*

Dr. Hayward read the report of the Committee on the subject of Homœopathic Practitioners, and Dr. Colby's request to be allowed to resign his fellowship. Appended were the following resolves: —

1. "*Resolved*, That any Fellow of this Society who makes application to resign his Fellowship in consequence of having adopted the principles and practice of homœopathy, may be permitted to do so on paying his arrearages; but he shall not be entitled to any of the privileges of Fellowship, nor shall his name be retained in the list of Fellows."

2. "*Resolved*, That a diploma from a homœopathic institution shall not be received as any evidence of a medical education; nor shall the Censors of this Society regard the attendance on the lectures of such institutions, nor the time passed at them, as qualifications which shall entitle candidates to an examination for a license from the Society."

The first resolve was then *adopted.*

The second resolve was also *adopted.*

The President read an invitation from Drs. Green, Heywood, and Workman, in behalf of the Worcester District Medical Society, to the Counsellors, to appoint Worcester as the place for the next annual meeting.

The Secretary read a letter from Dr. Workman on the subject.

Voted to accept the invitation, and to appoint Worcester as the place of meeting for the next annual meeting.

On motion of Dr. Bowditch, a Committee of three was appointed to correspond with members of the Worcester District Medical Society, relative to the choice of the Anniversary Chairman, and to nominate a suitable person for that office: to report at the next meeting of the Counsellors. The same Committee was likewise directed to nominate a Committee of Arrangements.

Drs. Bowditch, Whitney, and Workman were appointed as that Committee.

On motion of Dr. Bowditch, a Committee of seven was appointed to solicit Scientific Communications from the Fel-

lows, to be presented at the annnal meeting. Drs. Morrill Wyman, J. B. S. Jackson, Lyman Bartlett, Gilman Kimball, E. G. Ufford, James Deane, Coridon Guiteau, were named as this Committee.

Dr. Gould read the report of the Committee on the subject of the Barnstable District Medical Society and Dr. Henry J. Bigelow. — *Accepted.*

The following resolves, appended thereto, were, on motion of Dr. Shove, *adopted;* and the Secretary was directed to send copies to both of the interested parties: —

1. "The Barnstable District Medical Society acted rightly in taking notice of this case, and in bringing it before the State Society; but, while doing this, that District Society passed a sentence of condemnation against Dr. Bigelow, when it belonged to them only to bring an accusation against him; and they censured his conduct in very harsh and unjustifiable terms, when he had not been heard in his defence. The accusation, thus brought forward, should be divested of its offensive accompaniments. Therefore, that Society should be called upon to rescind so much of its transactions as are derogatory to the character of Dr. Bigelow, and particularly the resolve beginning with the words, '*that Dr. Bigelow, in prostituting the position.*' The doings of the District Society on this point to be reported to the Corresponding Secretary of the Massachusetts Medical Society."

2. "Dr. H. J. Bigelow pursued such a course as very naturally led to the belief that he held a professional consultation with Mr. Wakefield. Dr. Bigelow denies that he held such a consultation, and, in support of his denial, brings all the evidence the case admits of; but he acknowledges, that, under an error which he might have guarded against, he had some professional intercourse with Mr. Wakefield, and that therein he was unduly careless; and further, that he continued to have a certain intercourse with the same person after meeting him at Osterville, when he had had sufficient opportunity to think of and guard against his error. In all

this, he did give countenance, however unintentionally, to an irregular practitioner. Of this countenance, it seems, Wakefield recently availed himself. To counteract the evil thus produced, Dr. Bigelow should be called upon to address a note to the Corresponding Secretary of the Massachusetts Medical Society, stating the error into which he fell in regard to Mr. Wakefield, and disowning any intention to abet or assist that gentleman in his professional capacity. This note should be used in any way which the Counsellors may think proper, in order to counteract the evil which has been, or may be, produced by the occurrences above stated."

Dr. Jeffries renewed his motion relative to the infraction of By-laws, and moved it be taken from the table. — *Voted* to take it up.

The resolution was as follows: —

"*Resolved*, That the District Societies be directed to investigate fully all cases of infraction of the By-laws of the General Society which shall arise within their respective districts, and to render and transmit the result of their investigations to the Counsellors, accompanied by some recommendation of measures to be taken in each case by said Counsellors." — *Adopted.*

It was then moved that a Committee be appointed to conduct the proceedings against Dr. Barrows at the annual meeting of the Society. — *Voted.*

The Committee who had previously investigated the subject was appointed; viz. Drs. Swan, of Easton; Randall, of Rehoboth; Phelps, of Attleborough. Subsequently, Dr. Carpenter, of Pawtucket, was added.

Dr. Carpenter read a report from the Committee on Dr. Folsom's case. The facts were given, but no recommendation offered. — Report was *accepted.*

Dr. Mackie, of New Bedford, moved the following amendment to the By-laws; viz. "That the fifteenth article be amended, expunging the latter part of it; namely, 'and, at least, one Counsellor shall be elected from each county.'"

The following were chosen a Committee to consider the

subject, and report at the next meeting of the Counsellors: Drs. Mackie, B. Carpenter, J. C. Dalton.

The Librarian reported the receipt, from Dr. Isaac Hays, of Philadelphia, of the second volume of the "Transactions of the American Medical Association," — a donation from the Association.

Voted, "That the thanks of the Counsellors be returned for the donation."

Voted to dissolve the Meeting.

HENRY I. BOWDITCH,
Recording Secretary.

February Meeting, 1851.

The Counsellors of the Massachusetts Medical Society met at the Masonic Temple, at 11, A.M., Feb. 5, 1851.

The following Counsellors were present: Drs. Jeffries; Adams, of Waltham; Bartlett, of Concord; Peirson, Whitney, Johnson, Dalton, Mackie; D. Thompson, of Northampton; Hunt, Story; Clark, of Boston; Odin, Watson, Morrill Wyman, Sampson, J. G. Metcalf, J. W. Robbins, C. H. Stedman, J. W. Bemis, A. B. Bancroft, E. Stone, J. Harpur, T. P. Jackson, L. V. Bell, S. Salisbury, K. Davis, A. Plympton, A. Hooker, J. M. Whittemore, A. Howe, S. Tucker, H. Bartlett, A. B. Edwards, C. Gordon, H. Dyer, Z. B. Adams, M. S. Perry, E. Jarvis, J. Homans, J. Ware, B. Pond, J. Hayden, A. A. Gould, H. I. Bowditch. Total, 45.

The records of the previous meeting were read.

The Recording Secretary reported the names of the following gentlemen who had joined the Society: —

Edward Gage	Boston.
Luther Johnson . . .	"
John S. H. Fogg . . .	South Boston.

Timothy Child . . .	Pittsfield.		Under the new laws by the District Society.
N. J. Wilson	,,		
Isaac S. Cole	,,		
A. S. Church	Gt. Barrington.		

The Committee appointed to nominate an Anniversary Chairman and Committee of Arrangements for the annual meeting reported, that, after vainly endeavoring to obtain a presiding officer from Worcester County, they had determined to nominate Jacob Bigelow and O. W. Holmes, of Boston, as Anniversary Chairman and Substitute; also Drs. Workman and Green, of Worcester, and Dr. Flint, of Leicester, as the Committee of Arrangements.

The report was *accepted.*

The resolution passed over from last meeting, relative to Hampshire, Hampden, and Franklin Counties, was brought up.

In connection with the subject, the Secretary read letters from the Secretary of the Hampshire District relative to a union. The President also stated that he had received a private letter, informing him that the practitioners of Franklin County had formed a County Society independent of the Massachusetts Medical Society. Considerable discussion arose whether any notice should be taken of the subject, until some official notice of the secession should be given. Finally, on motion of Dr. Bowditch, it was *voted*, "That a Committee of three be appointed to correspond with the Counsellors of the Massachusetts Medical Society, resident in Franklin County, upon the subject, to learn the exact facts, and to report what measures should be taken." Drs. Bowditch, of Boston; Daniel Thompson, of Northampton; Andrew Mackie, of New Bedford, were nominated as that Committee.

Dr. Mackie read a report recommending that the words, "and, at least, one Counsellor be elected from each county," in the fifteenth By-law, be stricken out; and that the same be recommended to the annual meeting of the Society for its adoption. — Report *accepted.* Resolve *adopted.*

Dr. Peirson made a verbal report relative to suits for malpractice.

The Committee was discharged.

The Secretary stated, that Dr. Jesse Chickering had told him that he (Dr. C.) had not only removed from the city, but had retired from practice. Dr. Bowditch therefore moved that Dr. Chickering have liberty to retire from the Society.

Leave was not granted.

The President read a communication from Dr. C. E. Buckingham, chairman of a Committee from the Society for Medical Observation relative to Medical Coronerships. The communication closed thus: "I therefore, in behalf of the Committee, respectfully request that the Counsel will give us such aid as we may desire in urging upon the Governor and Council, and, if necessary, upon the Legislature of the State, the propriety of filling vacancies in the office of Coroner from our profession."

Referred to the following individuals, with full power: Drs. C. E. Buckingham, H. G. Clark, A. Hooker, L. V. Bell.

Dr. Peirson moved that a Committee be chosen to report "whether the Fellows of this Society are at liberty to consult with physicians, who, having received such an education as is contemplated in the third By-law, are not Fellows of the Massachusetts Medical Society." — *Voted.*

And the following were appointed a Committee: Drs. A. L. Peirson, of Salem; J. Jeffries, of Boston; J. C. Dalton, of Lowell; H. L. Sabin, of Williamstown; W. Workman, of Worcester.

Dr. Hayward reported the list of delegates chosen by the Suffolk District to attend the next meeting of the American Medical Association. — On file.

On motion of Dr. Peirson, *it was voted*, "That the report on Homœopathy, made recently by Dr. Hayward, be taken from the files, and printed and circulated under the direction of the Committee on Publications."

Dr. Jeffries read a report on sundry trials for contravention of the laws of the Society by several members of the Suffolk District Medical Society. — The report was *accepted.*

A communication was read by Dr. Dalton from the Middlesex District Medical Society, to the following effect: "That the President of this Society call the attention of the Counsellors, at their next meeting, to Article XIII. of the By-laws of the Massachusetts Medical Society, and request their interpretation of it."

Some desultory conversation took place on the subject; and, finally, Dr. Dalton moved the following: —

"*Resolved*, That any Fellow of this Society who shall, in his capacity of apothecary, deal in or vend any nostrum, quack or patent medicine, the composition of which is kept a secret, shall be considered as having violated the thirteenth By-law, and is amenable to its penalties."

Dr. Peirson moved that the whole subject be referred to a select Committee of five.

The following compose the Committee: Drs. Dalton, Hayward, Jeffries, Kimball, Jarvis.

Dr. Watson moved that the resolution, whereby the Counsellors voted to publish annually a list of the Fellows, be rescinded. — *Voted.*

Dr. Watson reported a donation from Lemuel Shattuck, Esq., of "Transactions of the Medical Society of the State of New York during its Annual Session, Feb. 1850;" also the "Report of the Sanitory Survey of the State, 1850," vol. i.

The Librarian likewise reported that Mr. Shattuck had returned to the Library the volumes borrowed by him.

Voted, "That the thanks of the Counsellors of the Society be presented to Mr. Shattuck for his donation."

Dr. Plympton, of Woburn, submitted the following question: —

"By the recent alteration in the By-laws of the Massachusetts Medical Society, are the Fellows who reside within the territorial limits of any District Medical Society *required*

to become members of said District Society? and shall they be considered and treated as such by the State and District Societies?"

No formal vote was taken thereupon; but the opinion seemed to prevail that all members of the Parent Society were, *ex officio*, members of the District Society, and *vice versa*.

The Secretary reported the formation of the Middlesex East District Medical Society, its organization, &c.; also the choice of officers, &c. by the Berkshire District Society.

Drs. H. W. Williams and W. H. Thayer were appointed a Committee to examine the Library.

Drs. Samuel Parkman and William E. Coale were appointed to audit the Treasurer's accounts.

The meeting was then dissolved.

HENRY I. BOWDITCH, *Secretary*.

May Meeting, 1851.

A stated meeting of the Counsellors of the Massachusetts Medical Society was held at the City Hall in Worcester, on Tuesday, May 27, 1851, at half-past 11, A.M.; the President in the Chair.

The following Counsellors were present; viz. Drs. Heywood, Watson, Pond, Workman, Hooker, Shurtleff; Thompson, of Northampton; Clark, of East Hampton; Kendall, Childs, Guiteau; Green, of Worcester; Hunt, Marshall, Boutelle, Thompson; Gordon, of Plymouth; Gordon, of Boston; Mackie; Gordon, of New Bedford; Atkinson; Stevens, of South Boston; Perry, Howe, Salisbury, Carpenter, Gardner, Wright, Davis, Woodward; Stevens, of Stoneham; Allen, Robbins, Sabin, John Ware, Gould, Charles E. Ware; Bartlett, of Boston; Bowditch, Richardson, Thaxter, Peirson; and Flint, of Leicester. Total, 44.

The Recording Secretary not being present, Dr. Charles E. Ware, of Boston, was appointed Secretary *pro tem.*

The first business before the Counsellors was the choice of officers for the ensuing year.

Dr. John Ware expressed his wish not to be considered a candidate for his present office another year. He also presented to the Counsellors the resignation of Dr. Charles G. Putnam of the office of Corresponding Secretary.

On a motion made by Dr. Charles Gordon, it was *voted*, "That a Committee of Nomination be appointed, consisting of a member from each district represented at the meeting, to be selected by the President, who should present a list of officers to be acted upon by the Counsellors." The following gentlemen were appointed upon this Committee: —

Dr.	Barnstable District.
„ Guiteau	Berkshire „
„ Carpenter . . .	Bristol „
„ Peirson	Essex „
„	Duke's „
„ Atkinson	Essex, North „
„	Franklin „
„	Hampden „
„ Clark	Hampshire „
„ Allen	Middlesex, N. „
„ Davis	„ E. „
„ Hooker	„ S. „
„	Nantucket „
„ Wight	Norfolk „
„ Gordon	Plymouth „
„ Perry	Suffolk „
„ Gordon	Bristol „
„ Kendall	Worcester „

On a motion made by Dr. Perry, an informal vote for President was taken by the Counsellors, and given to the Nominating Committee to be some guide to them in their selection.

Drs. Watson and Hooker were appointed Scrutineers.

The Committee of Nomination reported the following list of officers for the ensuing year: —

Dr. John Ware, of Boston, President; Dr. Andrew Mackie, of New Bedford, Vice-President; Dr. Henry I. Bowditch, of Boston, Corresponding Secretary; Dr. Charles E. Ware, of Boston, Recording Secretary; Dr. Abraham A. Watson, of Boston, Librarian; Dr. Augustus A. Gould, of Boston, Treasurer.

The report was *accepted.*

It was *voted,* "That the ticket be balloted for by yeas and nays."

The ticket was unanimously *elected.*

The report upon the Treasurer's accounts was read by Dr. Gould. — *Accepted.*

The report on Resignations was read by Dr. Gould. That portion of the report which related to resignation on account of age was *accepted.* After reading a letter from Dr. Tirrell, it was *voted,* on a motion by Dr. Gardner, "that the remainder of the report be laid on the table."

The following Committee on Publications was then chosen; viz. Drs. John Jeffries, Samuel Parkman, and Charles Gordon.

It was then *voted,* "That the nomination of a Fellow to deliver the Annual Discourse the ensuing year be referred to the Nominating Committee."

Dr. Henry L. Sabin, of Williamstown, was nominated by the Committee, and afterwards unanimously elected by the Counsellors.

Dr. Childs presented a unanimous vote of the Berkshire District Medical Society, inviting the Massachusetts Medical Society to hold its next annual meeting at Pittsfield.

After some discussion, the invitation was *accepted.*

Dr. O. W. Holmes, of Boston, was chosen Anniversary Chairman.

The following Committee of Arrangements was chosen; viz. Drs. O. W. Holmes, H. Childs, H. Ferre, N. S. Babbitt, C. Guiteau.

The following Committee on Resignations was chosen; viz. Drs. Gould, Storer, and Shurtleff.

Dr. A. L. Peirson, Chairman of the Committee appointed by the Counsellors to report whether the Fellows of the Society are at liberty to consult with physicians, who, having such an education as is contemplated in the third By-law, are not Fellows of this Society, read his report.

After some discussion, it was laid over for action at the next meeting of the Counsellors.

The Secretary read the report of the Committee appointed at the last meeting of the Counsellors, to consider the interpretation of the thirteenth article of the By-laws, in reference to the following resolve: —

"That any Fellow of the Massachusetts Medical Society who shall, directly or indirectly, in his capacity of apothecary or otherwise, publicly advertise for sale, or otherwise offer to the public, any medicine, the composition of which is kept a secret, shall be considered as violating the thirteenth article of the By-laws, and shall be held amenable to its penalties." The report closed with a recommendation that the resolution be adopted.

Voted to lay it upon the table.

It was *voted*, "That an amendment of the By-Laws, so as to admit of a change of the time of meeting, be recommended to the Society to-morrow."

After an explanation in regard to the Franklin District Society by Dr. Bowditch, it was *voted*, "That Hampshire, Hampden, and Franklin be made District Societies."

The report of the Worcester District Society upon the charges against Dr. Calvin Newton was read. It was *voted*, "That the expulsion of Dr. Calvin Newton be recommended to the Society to-morrow."

Dr. Bowditch read an invitation from Springfield to hold the next annual meeting in that town.

Dr. Bowditch read a letter from Dr. Chickering; and it was *voted* on his motion, "That Dr. Chickering be allowed to withdraw from the Society, on the ground that he has retired from the practice of medicine."

Dr. Childs presented the following resolution; viz. "That the Committee on Publications be directed to supply every Fellow of the Massachusetts Medical Society with some medical periodical, the selection to be made by the President and others."

On a motion by Dr. Perry, this was referred to the Publishing Committee.

The meeting then dissolved.

CHARLES E. WARE, *Secretary.*

Officers of the Massachusetts Medical Society,

CHOSEN MAY 27, 1851.

JOHN WARE	PRESIDENT.
ANDREW MACKIE	VICE-PRESIDENT.
HENRY I. BOWDITCH	COR. SECRETARY.
CHARLES E. WARE	REC. SECRETARY.
ABRAHAM A. WATSON	LIBRARIAN.
AUGUSTUS A. GOULD	TREASURER.

Ex-Officio Vice-Presidents.

JOHN C. DALTON, BENJAMIN POND, JOHN JEFFRIES, E. W. CARPENTER, HENRY L. SABIN, JOHNSON GARDNER, FOSTER HOOPER, JOHN APPLETON, STEPHEN W. WILLIAMS, HENRY ORCUTT, JAMES M. SMITH, BENJAMIN CUTTER, JOSIAH BARTLETT, JEREMY STIMSON, PAUL L. NICHOLS, A. L. PEIRSON.

Censors.

SUFFOLK MEDICAL DISTRICT, AND THE SOCIETY AT LARGE. — Samuel Morrill, Phineas M. Crane, Augustus A. Gould, William E. Coale, John C. Dalton, jun.

WORCESTER MEDICAL DISTRICT. — Wm. Workman, Benj. Pond, Joseph Sargent, J. G. Metcalf, Calvin P. Fiske.

BARNSTABLE MEDICAL DISTRICT. — E. W. Carpenter, A. Cornish, J. Leonard, G. Shove, S. H. Gould.

BRISTOL NORTH MEDICAL DISTRICT. — C. Swan, M. R. Randall, P. Savery.

FRANKLIN MEDICAL DISTRICT. — E. W. Carpenter, C. M. Duncan, James Deane.

MIDDLESEX MEDICAL DISTRICT. — E. Huntington, J. C. Bartlett, D. Wells, A. B. Bancroft, N. Allen.

BERKSHIRE MEDICAL DISTRICT. — Vassall White, Timothy Childs, Franklin A. Cady.

Bristol South Medical District. — J. S. Mayhew, E. Colby, Davis, Snow, Atwood.

Essex North Medical District. — Henry C. Perkins, Jeremiah Spofford, Thomas Sparhawk, Moses L. Atkinson, John Appleton.

Hampshire Medical District. — Daniel Thompson, Benj. F. Smith, Hervey Orcutt.

Hampden Medical District. — No returns.

Middlesex East Medical District. — Wm. F. Stevens, Richard W. Piper, David Youngman.

Middlesex South Medical District. — L. V. Bell, M. Wyman, S. Whitney, A. Hooker, J. M. Whittemore.

Norfolk Medical District. — Ebenezer Alden, Ebenezer Stone, Henry Bartlett.

Plymouth Medical District. — Timothy Gordon, Samuel A. Orr, Josiah S. Hammond.

Essex South Medical District. — A. L. Peirson, Benj. Cox, and Ebenezer Hunt.

List of Counsellors,

Reported as having been chosen under the new By-laws.

Barnstable. — Dr. Doane, Shove, S. H. Gould, T. Wilson.

Berkshire. — H. S. Sabin, Childs, Guiteau.

Bristol North. — B. Carpenter, Gardner, C. Howe.

Bristol South. — Haskell, Leland, Mackie, Gordon, Fearing, Shiverick.

Essex North. — G. Cogswell, D. Mighill, W. D. Lamb, T. Sparhawk, J. Atkinson.

Essex South. — Samuel Johnson, A. L. Peirson, George Choate, E. Hunt, A. Gould, A. Story, J. Lamson, E. S. Phelps.

Franklin. — A. F. Stone, G. W. Hamilton, S. W. Williams.

HAMPDEN. — D. Bemis, J. H. Gray, C. Bell, Alfred Lambert.

HAMPSHIRE. — A. Clark, A. Bell, Seth Fisk, H. Thompson.

MIDDLESEX EAST. — W. F. Stevens, K. Davis, A. Plympton.

MIDDLESEX NORTH. — E. Huntington, J. C. Bartlett, J. D. Pillsbury, Gilman Kimball, J. W. Graves, A. B. Bancroft, N. Allen, N. B. Edwards.

MIDDLESEX SOUTH. — H. Adams, J. Bartlett, L. V. Bell, J. W. Bemis, A. Hooker, H. Hosmer, J. S. Hurd, T. Wellington, S. Whitney, S. Richardson.

NORFOLK. — H. Bartlett, E. Stone, E. Woodward, J. Ware, D. P. Wight, S. Tucker, jun., B. Mann, E. Jarvis.

PLYMOUTH. — E. Thaxter, T. Gordon.

SUFFOLK. — J. Ware, J. Bigelow, Z. B. Adams, S. D. Townsend, J. Homans, G. Hayward, E. Reynolds, J. Jeffries, D. H. Storer, S. Merrill, A. A. Watson, M. S. Perry, D. Harwood, A. A. Gould, H. Dyer, C. H. Stedman, G. Bartlett, J. Odin, jun., N. B. Shurtleff, C. Gordon, H. I. Bowditch, H. G. Clark, Charles Chase, G. A. Bethune, C. E. Ware, James Ayer, J. A. Stevens, W. T. Parker, E. H. Clarke.

WORCESTER. — John Green, Edward Flint, James A. Marshall, Benjamin Pond, Benjamin F. Heywood, John G. Metcalf, T. K. Boutelle, William Workman, Charles M. Fay, L. T. Kendall, James W. Robbins.

Officers of the District Medical Societies.

Middlesex North District Society. — John C. Dalton, *President;* John C. Bartlett, *Vice-President;* Charles D. A. Davis, *Secretary;* Luther B. Morse, *Treasurer.*

Worcester District Society. — Benjamin Pond, *President;* T. K. Boutelle, *Vice-President;* William D. Peck, *Secretary;* Benjamin Heywood, *Treasurer and Librarian;* William Workman, Benjamin F. Heywood, John G. Metcalf, *Committee on Waldo Legacy.*

Suffolk District Society. — John Jeffries, *President;* Samuel Cabot, jun., *Vice-President;* Charles Gordon, *Treasurer;* Henry W. Williams, *Secretary;* William E. Coale, *Librarian. Committee for Examination of Drugs,* Drs. Gould, G. S. Jones, Bacon, E. H. Clarke, Bowditch. *Committee of Supervision,* Drs. Z. B. Adams and N. B. Shurtleff.

Barnstable District Society. — E. W. Carpenter, *President;* Jonathan Leonard, *Vice-President;* S. H. Gould, *Secretary;* G. Shove, *Treasurer.*

Berkshire District Society. — Henry L. Sabin, *President;* Charles M'Alister, *Vice-President;* Coridon Guiteau, *Secretary;* Selden Jennings, *Treasurer.*

Bristol North District Society. — Johnson Gardner, *President;* Joseph H. Hatch, *Vice-President;* Thaddeus Phelps, *Secretary and Treasurer;* Phineas Savery and James B. Dean, *Librarians.*

Bristol South District Society. — Foster Hooper, *President;* B. B. Sisson, *First Vice-President;* Joseph Haskell, *Second Vice-President;* Elijah Colby, *Secretary;* William A. Gordon, *Treasurer and Librarian.*

Essex North District Society. — John Appleton, *President;* Stephen Huse, *Vice-President;* Martin Root, *Secretary;* Jeremiah Spofford, *Treasurer and Librarian.*

Franklin District Society. — Stephen W. Williams, *President;* James Deane, *Secretary and Treasurer;* Alpheus F. Stone, *Librarian.*

Hampshire District Society. — Henry Orcutt, *President;* Horatio Thomson, *Secretary;* Artemas Bell, *Treasurer;* James Thompson, *Librarian.*

Hampden District Society. — James M. Smith, *President;* Alfred Lambert, *Secretary and Librarian.*

Middlesex East District Society. — Benjamin Cutter, *President;* Horace P. Wakefield, *Vice-President;* S. Watson Drew, *Secretary;* Truman Rickard, *Treasurer and Librarian;* Moses Parker, *Auditor.*

Middlesex South District Society. — Josiah Bartlett, *President;* J. W. Bemis, *Secretary;* R. S. Warren, *Treasurer.*

Norfolk District Society. — Jeremy Stimson, *President;* Appleton Howe, *Vice-President;* Edward Jarvis, *Secretary;* Danforth P. Wight, *Treasurer;* Lemuel Dickeman, *Librarian;* Ebenezer Stone and Benjamin Mann, *Committee of Supervision.*

Plymouth District Society. — Paul L. Nichols, *President;* Winslow Warren, *Secretary;* Alfred C. Garratt, *Treasurer;* James M. Underwood, *Librarian.*

Essex South District Society. — A. L. Peirson, *President;* George Choate, *Vice-President;* George A. Perkins, *Treasurer;* Edward B. Peirson, *Librarian;* William H. Prince, *Secretary.*

NOTICE.

The Secretaries of the District Societies are requested to make their returns of officers as early as possible before the annual meeting, that there may be no delay in the publication. They are also requested to give the Christian name, as it is often difficult to decide which individual of the same name is intended.

PROCEEDINGS

OF THE

Massachusetts Medical Society.

ADJOURNED MEETING.

Oct. 2, 1851.

An adjourned meeting of the Massachusetts Medical Society was held at the Masonic Temple, Boston, Thursday, Oct. 2, 1851, at 10 o'clock, A.M.; the President in the Chair.

The records of the last annual meeting of the Society, and the doings of the Counsellors at their last meeting, were read.

The Society then took up the unfinished business of the last meeting.

Dr. Barrow's case was resumed. Dr. Wild continued his defence; and, at the conclusion of it, Dr. Carpenter made a rejoinder. After some discussion, the recommendation of the Counsellors was adopted, whereby Dr. Barrows was expelled from the Society.

On a motion made by Dr. Bowditch, it was voted, "That the Society adjourn to ten o'clock, A.M., of the day following the day of the February meeting of the Counsellors."

CHARLES E. WARE,

Recording Secretary.

ADJOURNED MEETING.

FEB. 5, 1852.

An adjourned meeting of the Massachusetts Medical Society was held at the Masonic Temple, Boston, Thursday, Feb. 5th, 1852, at 11 o'clock, A.M.; the President in the Chair.

The records of the previous meeting were read.

Dr. Mackie's proposition to alter the By-law fixing the time of the annual meeting, by the following addition, viz. "But the Counsellors shall have power to fix some other Wednesday in the month of May or June for this meeting, in case where the place assigned shall render such a change convenient," which had been referred to the Counsellors, and by them sent up to the Society, with the recommendation that it be adopted, was taken up and unanimously adopted.

Dr. Mackie's proposition to alter the fifteenth By-law by striking off the following, "and at least one Counsellor shall be elected from each county," which had been sent up to the Society by the Counsellors, with the recommendation that it be adopted, was unanimously adopted.

Dr. Bigelow's proposed alteration of the fortieth By-law was taken up. On a motion made by Dr. Bowditch, it was referred to the annual meeting for consideration.

Dr. Bell presented the following preamble and vote: — "Whereas the Counsellors of this Society have voted to defend certain suits and legal proceedings commenced against individual members in consequence of the corporate acts of the Society, or the Society itself, therefore voted, 'That the Treasurer be authorized and directed to pay any drafts made by the Committee appointed by the Counsellors to defend said suits, in pursuance of their duty.'" — Voted.

The next business before the Society was the report of the Committee of the Worcester District Society upon the charges brought against Dr. Calvin Newton. Dr. Heywood,

Chairman of the Committee, read the report. The Secretary stated that notice had been sent to Dr. Newton that this report would be considered at the present meeting, and that he had received a reply, which he read. Dr. Workman, on the ground of the report and the evidence placed before the Society, moved that Dr. Calvin Newton be expelled. After some discussion of this motion by several gentlemen, Dr. Alden moved that the consideration of the subject be postponed to a special meeting of the Society. Dr. J. Bigelow moved an amendment, by substituting "an adjourned" for "a special" meeting. The motion, thus amended, was voted.

Dr. G. Jones moved that the subject be recommitted to the same Committee, to be presented again at the adjourned meeting. — Voted.

On a motion made by Dr. Workman, it was voted, That, when the Society adjourn, it adjourn to meet again in Boston on the third Wednesday in April, at 11 o'clock.

Adjourned.

CHARLES E. WARE,
Recording Secretary.

ADJOURNED MEETING.

APRIL 21, 1852.

An adjourned meeting of the Massachusetts Medical Society was held at the Masonic Temple, Boston, Wednesday, April 21, 1852, at 11 o'clock, A.M.; the President in the Chair.

The record of the previous meeting was read.

The business before the Society was the charges brought against Dr. Calvin Newton, of Worcester, by the Worcester District Society. Dr. Workman, on the part of the Committee appointed at the last meeting of the Society, read their report, and presented the documents by which the charges

were to be sustained. On a motion made by Dr. Shurtleff, it was voted that the report be accepted.

Dr. L. V. Bell, after some remarks, presented the following motion, viz. : — "That the evidence in the case of Dr. Calvin Newton be submitted to a Committee, who shall lay the same before legal counsel for an opinion whether the Massachusetts Medical Society can, under their Constitution and By-laws, expel or otherwise punish him. And said Committee are hereby authorized to draw upon the Treasurer for any expenses in the discharge of their duty."

Dr. Jacob Bigelow offered the two following amendments : — 1. "That the evidence shall be submitted to a Committee, who shall, if they think necessary, lay the same before legal counsel. 2. That said Committee be further instructed to report any alteration in the By-laws of the Society which they may think expedient." Dr. Bell accepted both these amendments.

Dr. Bell's proposition was then before the Society in this form : — "That the evidence in the case of Dr. Calvin Newton be submitted to a Committee, who shall, if they think necessary, lay the same before competent legal counsel for an opinion whether the Massachusetts Medical Society can, under their Constitution and By-laws, expel or otherwise punish him. And said Committee are hereby authorized to draw upon the Treasurer for any expenses in the discharge of their duty. And that said Committee be further instructed to report any alteration in the By-laws of the Society which they may think expedient."

Dr. Jeffries made a motion that the subject be divided into that portion contained in the original motion of Dr. Bell, and that contained in the second amendment of Dr. Bigelow. — Voted.

Each portion of the motion was then acted upon separately, and voted.

Dr. Bigelow moved that the Committee consist of five. — Voted.

The following Committee, nominated by the President,

was accepted: — Drs. Bell, J. Bigelow, H. Bartlett of Roxbury, M. Wyman, J. Homans.

On a motion made by Dr. J. Bigelow, it was voted, "That the Society adjourn to meet in the same place, the first Wednesday in June, at 11 o'clock, A.M., to hear the report of the Committee."

Adjourned.

CHARLES E. WARE,

Recording Secretary.

ADJOURNED MEETING.

JUNE 2, 1852.

An adjourned meeting of the Massachusetts Medical Society was held at the Masonic Temple, Boston, Wednesday, June 2, 1852, at 11 o'clock, A.M.; Dr. Benjamin Pond, of Westborough, in the Chair.

The Secretary read the records of the previous meeting.

Dr. Bell, Chairman of the Committee, appointed at the adjourned meeting in April to report upon the case of Dr. Calvin Newton, and such alterations of the By-laws as they might deem expedient, read his report, which contained the following recommendation in regard to Dr. Newton: — "The Committee would therefore express the opinion that although the conduct of Dr. Calvin Newton has been of a most unprofessional character, yet, taken in connection with his subsequent explanations and disavowals, that it is by no means certain that it constitutes a specific breach of the By-laws; and therefore they recommend a discontinuance of proceedings against him on the facts and evidence now before the Society," and the following alterations in the By-laws, viz.:

1. To change Sect. XI. page 26, so as to read: —

XI. Any complaint against any Fellow for a breach of the laws of the Society shall be brought before its annual meeting by the Counsel-

lors, and a day shall be fixed for an adjourned meeting of the Society, at which an investigation and decision may be made; and of the time and place of said adjourned meeting, and the charges against him, the accused shall be duly notified by the Secretary, and an opportunity shall be given him for a defence.

Any Fellow of the Society may be punished by censure or expulsion, by a vote of two-thirds of the Fellows present at the meeting, or, having resigned his Fellowship, may be deprived of his privileges, upon charges of the following description, viz.: —

1. For any gross and notorious immorality, and for any crime of which he may have been convicted.

2. For any attempt to overturn or destroy the Society.

3. For the breach of any By-laws of the Society, for which censure, expulsion, or deprivation of privileges, is made the penalty.

4. For furnishing to any person, or presenting in his own behalf, a false certificate of character and studies as a student of medicine, tending to deceive the public or the Censors of the Society.

5. For any conduct unbecoming and unworthy an honorable physician, and member of this Society.

2. Also to change Sect. XII. page 27, by putting the word "disreputable" for "unlawful" on the second line, and striking out the penal clause commencing "For any breach," &c.

3. Also to change Sect. XL. page 37, so as to read: —

XL. All proposals for alteration of By-laws shall be in writing, and no alteration shall take effect until it has received the concurrent vote of the Counsellors and of the Society, and no amendment shall be made on the proposition of either until ratified by the vote of both. The Society shall consider and act on the subject of changing the By-laws only on meetings held as adjournments of the annual meeting, and not on the day of said annual meeting.

The report was accepted.

Dr. Cummings, of Roxbury, moved "That the first clause, containing the alteration in the eleventh section of the By-laws of the Society, proposed by the Committee, be approved, and referred to the Counsellors for their action." — Voted.

It was moved and seconded that the second clause, containing a proposed change in Sect. XII. of the By-laws,

be approved and referred to the Counsellors for their action. — Voted.

For the third clause, relating to the alteration in the fortieth By-law, on a motion made by Dr. Bigelow, it was voted that the following be substituted, viz. : — " No alteration of a By-law shall take effect until it has received the concurrent vote of the Counsellors and the Society ; and no amendment affecting the sense or meaning of said alteration shall be engrafted on it without a like concurrent vote. The Society shall consider and act on By-laws only at adjournments of the annual meetings." It was then voted that this also be referred to the Counsellors for their action.

On a motion made by Dr. Stone, it was voted that the whole, as now amended, be referred to the Counsellors for their consideration, as having the approval of the Society.

On a motion made by Dr. Bartlett, of Concord, it was voted that the fifth article of the By-laws, altered by substituting 1856 for 1852, be referred to the Counsellors for re-enaction.

On a motion made by Dr. Stone, it was voted that the recommendation of the Counsellors in regard to Dr. Calvin Newton be adopted.

On a motion made by Dr. Dalton, of Lowell, it was voted that the whole report, as now amended, be approved, and referred to the Counsellors.

Adjourned.

CHARLES E. WARE,

Recording Secretary.

lors, and a day shall be fixed for an adjourned meeting of the Society, at which an investigation and decision may be made; and of the time and place of said adjourned meeting, and the charges against him, the accused shall be duly notified by the Secretary, and an opportunity shall be given him for a defence.

Any Fellow of the Society may be punished by censure or expulsion, by a vote of two-thirds of the Fellows present at the meeting, or, having resigned his Fellowship, may be deprived of his privileges, upon charges of the following description, viz.: —

1. For any gross and notorious immorality, and for any crime of which he may have been convicted.

2. For any attempt to overturn or destroy the Society.

3. For the breach of any By-laws of the Society, for which censure, expulsion, or deprivation of privileges, is made the penalty.

4. For furnishing to any person, or presenting in his own behalf, a false certificate of character and studies as a student of medicine, tending to deceive the public or the Censors of the Society.

5. For any conduct unbecoming and unworthy an honorable physician, and member of this Society.

2. Also to change Sect. XII. page 27, by putting the word "disreputable" for "unlawful" on the second line, and striking out the penal clause commencing "For any breach," &c.

3. Also to change Sect. XL. page 37, so as to read: —

XL. All proposals for alteration of By-laws shall be in writing, and no alteration shall take effect until it has received the concurrent vote of the Counsellors and of the Society, and no amendment shall be made on the proposition of either until ratified by the vote of both. The Society shall consider and act on the subject of changing the By-laws only on meetings held as adjournments of the annual meeting, and not on the day of said annual meeting.

The report was accepted.

Dr. Cummings, of Roxbury, moved "That the first clause, containing the alteration in the eleventh section of the By-laws of the Society, proposed by the Committee, be approved, and referred to the Counsellors for their action." — Voted.

It was moved and seconded that the second clause, containing a proposed change in Sect. XII. of the By-laws,

be approved and referred to the Counsellors for their action. — Voted.

For the third clause, relating to the alteration in the fortieth By-law, on a motion made by Dr. Bigelow, it was voted that the following be substituted, viz. : — "No alteration of a By-law shall take effect until it has received the concurrent vote of the Counsellors and the Society; and no amendment affecting the sense or meaning of said alteration shall be engrafted on it without a like concurrent vote. The Society shall consider and act on By-laws only at adjournments of the annual meetings." It was then voted that this also be referred to the Counsellors for their action.

On a motion made by Dr. Stone, it was voted that the whole, as now amended, be referred to the Counsellors for their consideration, as having the approval of the Society.

On a motion made by Dr. Bartlett, of Concord, it was voted that the fifth article of the By-laws, altered by substituting 1856 for 1852, be referred to the Counsellors for re-enaction.

On a motion made by Dr. Stone, it was voted that the recommendation of the Counsellors in regard to Dr. Calvin Newton be adopted.

On a motion made by Dr. Dalton, of Lowell, it was voted that the whole report, as now amended, be approved, and referred to the Counsellors.

Adjourned.

CHARLES E. WARE,

Recording Secretary.

ANNUAL MEETING.

1852.

The annual meeting of the Massachusetts Medical Society was held at the Medical College in Pittsfield, on Wednesday, June 23, at 10 o'clock, A.M.

The President and Vice-President being absent, Dr. Peirson, the oldest President of a District Society present, took the Chair. The record of the last annual meeting of the Society, and that of the Counsellors at their annual meeting, was read.

The Treasurer presented his report, which was read and accepted.

The report of Dr. M. Wyman, Chairman of the Committee upon scientific communications, was presented and read.

On a motion made by Dr. John Ware, it was voted, "That the report be accepted; and that eleven o'clock be assigned at the next annual meeting for the purpose of receiving scientific and professional communications, and for the discussion of scientific and professional subjects; and that the Recording Secretary be directed to give notice of this assignment in his notice of the time and place of the meeting."

Voted also, "That the Counsellors be directed to take measures for providing such communications as are referred to in the above vote."

Dr. Mackie's proposition to strike off thus much from the fifteenth By-law, it having become inoperative by the new districting of the Society, "and at least one Counsellor shall be elected from each county," having been referred to the

Counsellors, and by them sent up to the Society with the recommendation that it be adopted, — was adopted.

The following alterations in the By-laws, which at an adjourned meeting of the Society had been referred to the Counsellors, and by them returned to the Society with the recommendation that they be adopted, were unanimously adopted; viz.: —

1. To change Sect. XI. page 26, so as to read: —

XI. Any complaint against any Fellow for a breach of the laws of the Society shall be brought before its annual meeting by the Counsellors, and a day shall be fixed for an adjourned meeting of the Society, at which an investigation and decision may be made; and of the time and place of said adjourned meeting, and the charges against him, the accused shall be duly notified by the Secretary, and an opportunity shall be given him for a defence.

Any Fellow of the Society may be punished by censure or expulsion, or, having resigned his Fellowship, may be deprived of his privileges, by a vote of two-thirds of the Fellows present at the meeting, upon charges of the following description, viz.: —

1. For any gross and notorious immorality, and for any crime of which he may have been convicted.

2. For any attempt to overturn or destroy the Society.

3. For the breach of any By-laws of the Society, for which censure, expulsion, or deprivation of privileges, is made the penalty.

4. For furnishing to any person, or presenting in his own behalf, a false certificate of character and studies as a student of medicine, tending to deceive the public or the Censors of the Society.

5. For any conduct unbecoming and unworthy an honorable physician, and member of this Society.

2. Also to change Sect. XII. page 27, by putting the word "disreputable" for "unlawful" on the second line, and striking out the penal clauses, commencing "For any breach," &c.

3. Also to change Sect. XL. page 37, so as to read: —

XL. No alteration of a By-law shall take effect until it has received the concurrent vote of the Counsellors and of the Society; and no amendment affecting the sense or meaning of said alteration shall be engrafted on it without a like concurrent vote.

The Society shall consider and act on By-laws, only at adjournments of the annual meeting.

Dr. John Ware read to the Society the letter relating to suits for malpractice, which he had previously presented to the Counsellors, and been requested by them to read before the Society.

After some discussion on a motion made by Dr. John Ware, it was voted to refer the letter, which had been read, to a Committee of three, to prepare a report, pointing out the causes and the true remedy for the evil of which it complained. Drs. A. L. Peirson, S. Parkman, and C. P. Fiske, were appointed upon this Committee.

Dr. Henry H. Childs read a letter from Dr. Stephen W. Williams, of Deerfield, which contained the following recommendation, viz. That a Committee of three be appointed by the Society for the purpose of petitioning Congress to raise a Committee to classify, embody, and arrange the statistics of the deaths in the several towns in the United States, and the diseases and causes of them reported in the last census returns of the Union, in aid of the Committees appointed for this purpose by the American Medical Association, and by the Medical Society of the State of New York.

The recommendation was adopted, and the following Committee appointed: — Dr. Stephen W. Williams, of Deerfield; Dr. Henry H. Childs, of Pittsfield; and Dr. Edward Jarvis, of Dorchester.

Dr. Childs, in the name of Dr. Bowditch, presented to the Society Dr. Bowditch's monograph on Paracentesis Thoracis, to be distributed among the members.

After a recess of half an hour, the Society came together to listen to the annual address delivered by Dr. Henry L. Sabin, of Williamstown.

At the close of the address, on a motion made by Dr. Homans, it was voted that the thanks of the Society be presented to Dr. Henry L. Sabin for his interesting, instructive, and eloquent discourse.

The Society then adjourned to dine at West's Hall.

CHARLES E. WARE,
Recording Secretary.

PROCEEDINGS OF THE COUNSELLORS.

October Meeting, 1851.

The Counsellors of the Massachusetts Medical Society met at the Masonic Temple, Boston, at 10, A.M., Oct. 1, 1851.

The following Counsellors were present, viz. Drs. John Ware, Gordon of Plymouth, Bethune, Odin, Lamb, Richardson, Howe, Shurtleff, Bell, Leland, Cogswell, Bartlett of Roxbury, Adams of Boston, Plympton, Chase, Gordon of Boston, Stedman, Mann, Bemis, Peirson, Pond, Robbins, Boutelle, Hayward, Homans, Bartlett of Boston, Storer, Gould, Allen, Carpenter, Bigelow, Perry, Edwards, Wellington, Gardner, Bowditch, C. E. Ware.

The records of the previous meeting were read.

The Recording Secretary reported the names of the following gentlemen who had joined the Society, viz.: —

Dr.	Henry Sargent	Worcester.
,,	Oramel Martin	,,
,,	Charles W. Whitcomb	,,
,,	John L. Sullivan, jun.	Malden.
,,	Samuel L. Bigelow	Paris, France.
,,	George W. Warren	W. Boylston.
,,	William L. Lincoln	Winchendon.
,,	Isaac P. Willis	S. Royalston.
,,	Alfred Miller	Ashburnham.
,,	William M. Barret	Fitchburg.
,,	Rowse R. Clarke	Whittonsville.
,,	Charles W. Wilder	Fitchburg.
,,	Hubbard C. Harriman	Gardner.
,,	Charles L. Hubbell	Williamstown.
,,	Elisha L. Hawks	Pittsfield.
,,	William L. Jackson	Lanesborough.
,,	Alonso M. Bowker	Savoy.

Dr.	J. Leland Miller	Pittsfield.
,,	Avery Williams	Lanesborough.
,,	George C. Lawrence	Adams.
,,	Lanning L. Cole	Cheshire.
,,	Justin Smith	Hinsdale.
,.	Samuel C. Harrington	Lee.
,,	John B. Gifford	,,
,,	Lucius S. Adams	Stockbridge.
,,	E. A. S. Nichols	Philadelphia.
,,	Henry Whiting	Lowell.
,,	Paris B. Browne	,,
,,	Lucius C. D. Woodman	,,
,,	Ira Loriston Moore	,,
,,	Charles P. French	Topsfield.
,,	Isaac F. Galloup	Lynn.
,,	Charles W. Moore, jun.	Boston.
,,	Thomas R. Budlong	Providence.
,,	Humphrey Gould	Rowe.
,,	Cheney Puffer	Coleraine.
,,	John G. Barton	Erving.
,,	Ashman H. Taylor	Heath.
,,	Josiah Trow	Buckland.
,,	William A. Archibald	Hooton, N. S.
,,	John S. Nichols	Cambridgeport.
,,	J. Randolph Lincoln	Boston.
,,	John R. Bronson	Pawtucket.
,,	Dan King	Taunton.

The Recording Secretary read the report of the Publishing Committee on Dr. Child's resolution. — Accepted.

Dr. Peirson's report, laid over from the last meeting of the Counsellors, was taken up and read. After some discussion, on a motion made by Dr. Gordon of Plymouth, it was voted to lay it upon the table.

The Corresponding Secretary read a letter, signed by eight members of the Franklin District Society, requesting, for reasons stated in the letter at length, that all taxes due from them up to the year 1851 be remitted. A letter from Dr. Stephen W. Williams, to the same purpose, was also read.

On a motion made by Dr. Gardner, it was voted, " That the Treasurer of the Massachusetts Medical Society be requested to inform each of the gentlemen who have asked a

remission of their arrearages, that the Society decline to grant their request; and also that the Treasurer inform those gentlemen who have assumed that they are retired members, that their request will be granted on application, if they have arrived at the age of sixty years, and have paid their dues.

Dr. Gould read the report of the Committee on Resignations, recommending that the following members be allowed to retire, on condition that they pay their dues up to the time when they become sixty years of age, viz. Drs. Seba Carpenter, of Attleborough; Abel Wilder, of Mendon; Royal A. Merriam, of Topsfield. — Adopted.

Dr. Bowditch presented the following resolutions from the Suffolk District Society: —

Resolved, That, in the opinion of this Society, the annual meetings of the Massachusetts Medical Society should be devoted exclusively to the great objects for which it was established, viz. raising the standard of medical education, and the medical character; promoting personal intercourse and friendly relations among its members, and disseminating among them useful professional knowledge.

Resolved, That, in order to this, all matters relating to personal differences between individual physicians, all offences against the laws of the Society, and, in general, all matters of police and discipline, should be placed in the hands of the several District Societies, with full power to decide finally concerning them; except that, in all cases where the penalty of expulsion is imposed, there should be a right of appeal to the Counsellors, but in no case to the Society at large.

Resolved, That it is the duty of the Massachusetts Medical Society, as the guardian of the public health, systematically to pursue an investigation into the causes, history, and treatment of the diseases of this Commonwealth, in all its various parts; and that it should also take means to communicate to its members, in the most condensed form, all the information, of true practical value, which is every year offered to the profession.

Resolved, That the exhibition to the public of an earnest desire to raise the character of the profession, to investigate fully and fairly the history and treatment of the diseases of the community in which we reside, and to impart to one another useful information, will do more to secure the confidence of mankind, and to remove the evils of quackery, than any systematic efforts which have this for their direct object.

Resolved, That the Counsellors be requested to take such measures as will best answer the purposes referred to in the foregoing resolutions.

Resolved, That a copy of these resolutions, signed by the President and Secretary, be sent to each of the District Societies, with a respectful request that they be made the subject of their deliberate consideration; and that the result be communicated to the Counsellors.

Resolved, also, That a copy of these resolutions, similarly attested, be sent to the Counsellors, as expressing the sense of the Suffolk District Medical Society on the subjects to which they refer.

After some discussion of the two first resolutions, on a motion made by Dr. Hayward, it was voted, "That the consideration of them be postponed to the next meeting of the Counsellors."

On a motion made by Dr. Perry, it was voted, "That the Secretary inform the several District Societies that these resolutions will come up for consideration at the February meeting."

Dr. Mackie's proposition "to alter the By-laws so as to admit of a change of the time for the annual meeting," which was referred to the Counsellors at the last meeting of the Society, was brought up by the President, who moved that the following addition to the first By-law be proposed to the Society to-morrow, viz.: — "But the Counsellors shall have power to fix some other Wednesday in the month of May or June for this meeting, in case where the place assigned shall render such a change convenient." — Voted.

Dr. Bowditch brought up his resolution referred to the Counsellors at the last meeting of the Society, — "That the Counsellors be requested to make such alterations in the Constitution and By-laws that hereafter all matters may be referred to the Counsellors or the District Societies for ultimate decision;" and moved that the consideration of it be postponed to the next meeting of the Counsellors. — Voted.

Next in order was Dr. Mackie's resolution, "That thus much be stricken off from the fifteenth By-law, it having become inoperative by the new districting of the Society, 'and at least one Counsellor shall be elected from each county.'" On a motion by Dr. Bowditch, it was voted that the subject be indefinitely postponed.

Dr. Plympton presented the following resolution from the Middlesex East District Society, and moved that it be referred to the Committee on Publications, to report upon at the next meeting of the Counsellors: — "That, in the opinion of this Society, the republication of the Code of Medical Ethics, with the introduction to it, adopted by the National Medical Convention which assembled in New York in May, 1846, and the general distribution thereof by the Massachusetts Medical Society among its members, and even among the community, would serve as one of the best means of improving the regular medical profession, and of defining its legitimate position in the community." — Voted.

Dr. Bigelow moved that the following alteration of the fortieth By-law be presented to the Society: — "To strike out the last sentence, and substitute this: 'No change in the By-laws shall take effect until it has been adopted by a concurrent vote of the Counsellors, and of the Society at large.'" — Voted.

The Librarian reported a donation to the Society of four volumes: three from Dr. Edwin Lee, of London; and one from Dr. John Forbes, of London. He moved that the Corresponding Secretary be requested to acknowledge the receipt, and present the thanks of the Society to the donors.

Dr. Watson requested that the Librarian have authority to place the books belonging to the Society under such cover that they shall be safe from injury and depredation. On a motion by Dr. Peirson, it was voted that Dr. Watson's request be granted.

Adjourned.

CHARLES E. WARE,

Recording Secretary.

FEBRUARY MEETING, 1852.

The Counsellors of the Massachusetts Medical Society met at the Masonic Temple, Boston, at 11, A.M., Feb. 4, 1852.

The following Counsellors were present: — Drs. Guiteau, Pond, J. C. Bartlett, Cogswell, Geo. Bartlett, Odin, Mackie, Hunt, Z. B. Adams, Bowditch, Wellington, Hosmer, Lamb, Choate, Carpenter, Peirson, Jarvis, Richardson, Bemis, Stone, Story, Jonathan Ware, T. Gordon, Metcalf, H. Bartlett, Bethune, Homans, Dyer, Shurtleff, Pillsbury, Stedman, J. Bigelow, Bell, Cutter, Plympton, H. G. Clark, J. Jeffries, Watson, C. Gordon, Sabin, Tucker, Storer, Gould, J. Ware, E. C. Ware.

The records of the previous meeting were read.

The Secretary reported the names of the following Fellows, who had joined since the October meeting: —

Enoch C. Rolfe	Boston.
F. A. Noyes	,,
Alvah Hobbs	,,
A. P. Mead	Malden.
Duncan M. Thaxter	Boston.
Albert H. Blanchard	Sherburne.
Israel N. Smith	N. Brookfield.
Elam C. Knight	Worcester District.

The Corresponding Secretary announced that he had received letters from several of the District Societies, stating that the resolutions of the Suffolk District Society had been considered by the several District Societies, and adopted with more or less unanimity.

The Chairman of the Committee on Publications, to which was referred Dr. Plympton's resolution, reported "that the funds of the Society would not at present permit it to carry into effect the proposed plan." — Accepted.

Dr. Bowditch read a letter from Dr. Stephen W. Williams, of Deerfield, requesting a remission of his assessments; also from Dr. Geo. Leonard, of Taunton, requesting that he might become a retired member. On a motion by Dr. Bemis, they were referred to the Committee on Resignations.

On a motion made by the Secretary, it was voted, that, when the Counsellors adjourn, they adjourn to meet directly after the meeting of the Society the next day.

Dr. Bowditch presented the following resolution from the Berkshire District Society: — "*Resolved*, That the Counsellors of the Massachusetts Medical Society be advised, that, in the opinion of the Berkshire District Society, every member of the Massachusetts Medical Society should be, as soon as the arrangement can be made, furnished with a good Medical Periodical at the expense of the State Society." — Referred to the Committee on Publications.

Dr. Jeffries presented a communication from the Suffolk District Society relating to the objection on the part of certain members of the Society to pay the assessments of the District Societies. Referred to a Committee of three, nominated by the President, viz.: Drs. Jeffries, Dalton, and Guiteau.

Dr. Mackie moved that the Bristol South District Society be permitted to change its present name to its original name of Southern District Medical Society. — Not voted.

Dr. Mackie moved a reconsideration of the vote by which his proposed alteration of the fifteenth By-law was indefinitely postponed at the last meeting of the Counsellors. — Voted.

Dr. Mackie then renewed his original motion, viz.: — "That thus much be stricken off from the fifteenth By-law, it having become inoperative by the new districting of the Society, 'and at least one Counsellor shall be elected from each county.'" — Voted.

Dr. Bowditch moved that the resolutions of the Suffolk District Society, the letters from the several District Societies relating to these resolutions, together with his own resolution relating to a part of the same subject, be referred to a Committee to report upon at the next meeting of the Counsellors. — Voted.

On a motion made by Dr. Carpenter, it was voted, that this Committee consist of a member from each of the District Societies; and that this member be the President of the District Society. — Voted.

Dr. Odin stated that there was a movement now making in the Legislature, on the part of the Thompsonian Institu-

tion in Worcester, to alter their charter so as to rid themselves of the distinction which now existed between their degree and that of the Massachusetts Medical Society.

Dr. Bemis moved that the same Committee who had charge of the matter last year be requested to look after the matter this year.

Dr. Bowditch moved that Dr. Odin be added to this Committee. The motion, as amended, was voted.

The President brought before the Society the subject of appointing Delegates to the American Medical Convention.

Dr. Bowditch moved that the Counsellors authorize the District Societies to appoint Delegates entitled Delegates of the Massachusetts Medical Society; and, when there should be no District Society meeting in season, that the President and Secretary of the District Society have authority to appoint such Delegates. — Voted.

The following Committees were appointed: —

On the Cabinet and Library — Drs. Morland and E. H. Clarke.

On the Treasurer's Accounts — Drs. Z. B. Adams and Samuel Cabot.

Dr. Jeffries suggested, that, as the Committee on the Suffolk District Society Resolutions was constituted, there would be no Chairman. On a motion by Dr. Geo. Bartlett, it was voted that Dr. Jeffries be Chairman of the Committee.

Dr. L. V. Bell offered the following resolution, viz.: — "That the Committee on the subject of defending certain suits against the Society, or its individual members, as per vote of Dec. 29, 1851, be instructed to request the Society, at its meeting to-morrow, to pass such vote as may be necessary to authorize the Treasurer to pay the expenses accruing." — Voted.

Adjourned.

CHARLES E. WARE,

Recording Secretary.

DECEMBER MEETING, 1851.

The Counsellors of the Massachusetts Medical Society met at the Masonic Temple, Boston, at 11, A.M., Dec. 29, 1851, by a special order of the President; the President in the Chair.

The following Counsellors were present, viz.: — Drs. Kendall, Lamb, Hunt, Stevens, John Ware, E. H. Clarke, Wakefield, Bell, Bowditch, Storer, Stone, Odin, H. Adams, Plympton, Homans, Wellington, Ayer, H. G. Clark, Jarvis, Richardson, Parker, Bethune, Shurtleff, H. Bartlett, Stedman, T. Gordon, Watson, Jonathan Ware, C. Gordon, Cutter, C. E. Ware, Bigelow, Carpenter.

The Secretary read the records of the previous meeting.

The President then informed the Counsellors, that he had called them together at the present time on account of a prosecution which had been commenced against Drs. Storer and Carpenter, in the name of Dr. Barrows, on account of the action of the Society at its adjourned meeting in October, by which action Dr. Barrows was expelled.

Dr. L. V. Bell, after some remarks, presented the following resolution: — "Whereas a prosecution has been commenced against two members of the Massachusetts Medical Society, viz. Drs. D. H. Storer and Benoni Carpenter, by Dr. Ira Barrows, charging them with having published a malicious libel against him; which charge has reference solely to their action as Counsellors and Fellows of said Society, and not to any act done by them as individuals; this Society is bound in justice to itself, to the gentlemen selected as its substitutes, and to the interests of the profession, to defend their suit to a final decision: Thereupon voted that a Committee of three Counsellors be appointed by nomination from the Chair, with full powers to do all things necessary and proper to defend Drs. Storer and Carpenter, or any other Fellow or Fellows, and the Society itself in its corporate capacity, if prosecuted for the above action of the Society by said Bar-

rows. And said Counsellors are hereby authorized to retain legal counsel, and to draw upon the Treasurer for any sum or sums requisite to discharge this duty. And the Treasurer is hereby authorized and empowered to pay such draughts." — Adopted *nem. con.*

The following Committee was nominated by the President, viz.: — Drs. L. V. Bell, Jacob Bigelow, and Andrew Mackie.

Adjourned.

CHARLES E. WARE,

Recording Secretary.

FEBRUARY MEETING, 1852.

An adjourned meeting of the Counsellors was held at the Masonic Temple, Boston, Feb. 5, 1852, at 1½, P.M.; the President in the Chair.

A quorum being present, Dr. Bowditch presented the following resolution: "That the annual meeting this year at Pittsfield be held on the 23d of June." — Voted.

Dr. Bowditch made the following motion, viz.: "That the Committee who took charge of the Scientific Communications the last year be requested to act again the present year." — Voted.

Adjourned.

CHARLES E. WARE,

Recording Secretary.

JUNE MEETING, 1852.

The annual meeting of the Counsellors of the Massachusetts Medical Society was held at the Medical College in Pittsfield, June 22, 1852, at 4, P.M.; the President in the Chair. Members present: —

John Ware	Boston.
T. P. Kendall	Sterling.
Calvin P. Fiske	Sturbridge.
Ebenezer Alden	Randolph.
William Workman	Worcester.
John Homans	Boston.
H. F. Childs	Pittsfield.
Coridon Guiteau	Lee.
Edward G. Ufford	South Hadley.
John C. Dalton	Lowell.
Simon Whitney	Framingham.
Anson Hooker	East Cambridge.
S. Parkman	Boston.
A. L. Peirson	Salem.
Henry L. Sabin	Williamstown.
James N. Robbins	Uxbridge.
Benjamin Cutter	Woburn.
Augustus A. Gould	Boston.
Charles E. Ware	Boston.

The Secretary read the records of the last meeting.

Dr. S. Parkman read the report of the Committee upon the Library. — Accepted.

Dr. J. Homans read the report of the Committee upon the Treasury. — Accepted.

The Counsellors then proceeded to a choice of officers; and the following gentlemen were elected: —

President	Dr. Geo. Hayward.
Vice-President	,, Andrew Mackie.
Corresponding Secretary	,, H. I. Bowditch.
Recording Secretary	,, C. E. Ware.
Librarian	,, A. A. Watson.
Treasurer	,, A. A. Gould.
Committee on Publications	Drs. J. Jeffries, S. Parkman, C. Gordon.
Committee on Resignations	Drs. A. A. Gould, J. Homans, N. B. Shurtleff.
Committee of Arrangements for Annual Meeting	Drs. Wm. J. Dale, H. J. Bigelow, W. W. Morland, C. E. Buckingham, of Boston, J. W. Bemis, of Charlestown.
Anniversary Chairman	Dr. Edward Reynolds, of Boston.
Orator	Dr. John B. S. Jackson, of Boston.

Place of Meeting. — Boston.

The following gentlemen were nominated for honorary membership: —

Dr. Theodore S. Bell, of Louisville, Ky.; by Drs. Homans, Jarvis, and Storer.

Drs. John Forbes, of London, James Copland, of London, and Andreas Retzius, of Stockholm; by Drs. John Ware and Samuel Parkman.

The Recording Secretary reported the following gentlemen to have joined the Society since the last meeting of the Counsellors, viz.: —

William L. Peek	Pittsfield.
Azaniah Judson	,,
George McAllister	,,
Samuel Camp	,,
John M. Leonard	,,
Silas S. Brown	Richmond.
Thomas G. Nichols	Freetown.
Edwin M. Alba	Attleborough.
George W. Sawyer	Boxford.
William Dickinson	Taunton.
A. O. Park	Boston.
Alexander D. W. Martin	,,
George Renton	,,
Dexter M. Tucker	,,
Charles Kidder	Watertown.
Cyrus K. Bartlett	Somerville.
Daniel Humphrey	Andover.
Edward Worcester	Barnstable.
George S. Woodman	Amherst.
Samuel A. Fisk	Northampton.
D. A. Perry	Chesterfield.
James Dunlap	Northampton.
Ira Perry	E. Weymouth.
David S. Fogg	S. Dedham.
Caleb S. Taft	Canton.
William S. Pattee	Quincy.
Abijah W. Draper	W. Roxbury.
John Mills Browne	Boston.
Benjamin S. Shaw	,,
Lemuel Fuller	Milton.
Augustine Shurtleff	Brookline.

Charles D. Stickney	New Bedford.
James C. Door	Stoneham.
John C. Beach	
John C. Sharp	Boston.
Clarence M. Brownell	Hartford, Conn.

Dr. Gould read the report of the Committee upon Resignations, which recommended the following gentlemen to become retired members, viz.: — Samuel Shaw, of Plainfield; Josiah Lamson, of Essex; Robert Capen, of Boston; Seba Carpenter, of Attleborough; Rufus Longley, of Haverhill; Ebenezer Ames, of Wayland; and Oliver Ford, of Hyannis; and that the following gentlemen be allowed to become retired members, and have their dues remitted to them: — Drs. Royal A. Merriam, Topsfield; John Brooks, Bernardstown; and George Leonard, Taunton. The report was accepted, and the recommendation adopted.

Letters from the following gentlemen were presented by the Committee and read: — Drs. C. M. Duncan, Abel Wilder, S. W. Williams, N. Quincy Tirrel, and Horatio Bryant. The petitions of the three first were granted; that of Dr. Tirrel was refused; and that of Dr. Bryant was referred to Dr. Alden to report upon at the October meeting.

Dr. S. Parkman read the report of the Committee on Publications. — Accepted.

On a motion made by Dr. Childs, it was voted, "That the Committee on Publications be appointed a Special Committee, for the purpose of investigating the subject of procuring a good medical periodical, to be distributed among the members of the Society; and that they be directed to correspond with the Harpers, and learn if the Society can be released from its obligations to them."

The Recording Secretary read the report of the Committee appointed to learn how far the District Societies could be empowered to collect assessments. The sum of the report was that the subject could not be settled without legal advice. The report was accepted, and the Committee discharged.

The Treasurer read a list of the names of members of the

Society from whom assessments were due to the amount of $15 and upwards.

On a motion made by Dr. Childs, it was voted, "That the President of each District Society be a special Committee to bring these delinquencies before the District Societies."

The Recording Secretary read the report of the Committee to whom was referred Dr. Bowditch's resolution, and the resolutions of the Suffolk District Society. The report was accepted, and the Committee discharged.

The Recording Secretary read a letter from the Librarian, stating that it would be impossible for him to be present at the annual meeting. It was voted, that Dr. H. W. Williams, of Boston, be requested to attend to the duties of the Librarian on the following day.

The Recording Secretary presented petitions from several members of the Society, requesting to be allowed to become retired members, and moved that they be referred to the Committee on Resignations. — Voted.

Dr. Homans brought up the alterations of the By-laws referred to the Counsellors at the adjourned meeting of the Society in June, and read the report. The report was accepted, and the proposed alterations acted upon in sections, and unanimously adopted.

Dr. Bartlett's proposed alteration of the fifth article of the By-laws, by substituting 1856 for 1852, which had been referred to the Counsellors, was brought up and adopted.

Dr. John Ware moved that the following change in the Rules and Orders of the Counsellors be adopted: — *Voted*, "That a Standing Committee of three be annually appointed by the Counsellors at their first stated meeting, whose duty it shall be to aid and advise the Treasurer in the management of the funds of the Society, especially in relation to the collection and remission of assessments. And that the Treasurer, with said Committee, shall have full power to make remissions to delinquent Fellows in all cases where they find sufficient cause." — Adopted.

The following gentlemen were appointed upon this Com-

mittee: — Drs. S. D. Townsend, C. P. Fiske, and M. Wyman.

Dr. John Ware read a letter, relating to prosecutions for malpractice, which he had received, in confidence, with the request that he would lay it before the Society. — *Voted*, "That the letter be read before the Society the following day."

Adjourned.

CHARLES E. WARE,

Recording Secretary.

Officers of the Massachusetts Medical Society,

CHOSEN JUNE 23, 1852.

GEORGE HAYWARD	PRESIDENT.
ANDREW MACKIE	VICE-PRESIDENT.
HENRY I. BOWDITCH	COR. SECRETARY.
CHARLES E. WARE	REC. SECRETARY.
ABRAHAM A. WATSON	LIBRARIAN.
AUGUSTUS A. GOULD	TREASURER.

Ex-Officio Vice-Presidents.

HORACE P. WAKEFIELD, HENRY L. SABIN, JOHN HOMANS, STEPHEN W. WILLIAMS, JOSIAH BARTLETT, JOHN C. DALTON, EBENEZER ALDEN, S. D. BROOKS, BENJAMIN POND.

Censors.

MIDDLESEX EAST DISTRICT MEDICAL SOCIETY. — Drs. Benjamin Cutter, Woburn; Erastus O. Phinney, Melrose; Joseph D. Mansfield, South Reading.

BRISTOL NORTH DISTRICT MEDICAL SOCIETY. — Drs. M. R. Randal, Rehoboth; Phineas Savery, Attleborough; Dan King, Taunton; Joseph D. Nichols, Taunton; James B. Dean, Taunton.

SUFFOLK MEDICAL DISTRICT, AND THE SOCIETY AT LARGE. — Drs. Samuel Morrill, Phineas M. Crane, Augustus A. Gould, W. W. Morland, E. H. Clark.

FRANKLIN DISTRICT MEDICAL SOCIETY. — Drs. E. Stratton, Northfield; C. M. Duncan, Shelburne; E. H. R. Revere, Greenfield.

Middlesex South District Medical Society. — Drs. L. V. Bell, Somerville; A. Hooker, East Cambridge; S. Whitney, Framingham; M. Wyman, Cambridge; J. M. Whittemore, Brighton.

Essex North District Medical Society. — Drs. H. C. Perkins, Newburyport; Jeremiah Spofford, Bradford; Thomas Sparhawk, Amesbury; Seneca Sargent, ; John Appleton, West Newbury.

Bristol South District Medical Society. — Drs. Elijah Colby, New Bedford; Robert T. Davis, ; Lyman Bartlett, New Bedford; George King, Middleborough; Benjamin B. Sisson, Westport.

Middlesex North District Medical Society. — Drs. E. Huntington, of Lowell; John C. Bartlett, Chelmsford; David Wells, Lowell; A. B. Bancroft, Groton; Nathan Allen, Lowell.

Norfolk District Medical Society. — Drs. Ebenezer Stone, Walpole; Henry Bartlett, Roxbury; Benjamin Mann, Foxborough; Stephen Salisbury, jun. Medway; Christopher C. Holmes, Milton.

Hampshire District Medical Society. — Drs. Samuel A. Fiske, T. Bonney, Israel H. Taylor, Pelham; James Dunlap, Northampton; George S. Woodman, Amherst.

Worcester District Medical Society. — Drs. William Workman, Worcester; J. G. Metcalf, Mendon; Alfred Hitchcock, Fitchburg; Joseph Sargent, Worcester; Oramel Martin, Worcester.

Barnstable District Medical Society. — No returns.

Berkshire District Medical Society. — No returns.

Hampden District Medical Society. — No returns.

Plymouth District Medical Society. — No returns.

Essex South District Medical Society. — No returns.

List of Counsellors.

Middlesex East District Medical Society. — Drs. Benjamin Cutter, Woburn; Moses Parker, Melrose; Augustus Plympton, Woburn.

Suffolk District Medical Society. — Drs. John Ware, Jacob Bigelow, Z. B. Adams, John Homans, George Hayward, John Jeffries, D. H. Storer, Samuel Morrill, A. A. Watson, M. S. Perry, E. Palmer, jun., A. A. Gould, Henry Dyer, C. H. Stedman, George Bartlett, John Odin, jun., N. B. Shurtleff, H. I. Bowditch, J. M. Warren, Charles Gordon, H. G. Clark, Charles Chase of Chelsea, G. A. Bethune, C. E. Ware, James Ayer, P. M. Crane, S. Parkman, E. H. Clarke.

Franklin District Medical Society. — Drs. S. W. Williams, Deerfield; S. J. W. Tabor, Shelburne Falls; E. Barton, Orange.

Middlesex South District Medical Society. — Drs. J. W. Bemis, Charlestown; S. G. Burnap, Holliston; A. Hooker, East Cambridge; H. Hosmer, Watertown; J. S. Hurd, Charlestown; J. Hoyt, Natick; S. Richardson, Watertown; T. Wellington, West Cambridge; S. Whitney, Framingham; E. Warren, Newton.

Essex North District Medical Society. — Drs. George Cogswell, Bradford; William D. Lamb, Lawrence; John Atkinson, Newburyport; Thomas Sparhawk, Amesbury; Dean Robinson, West Newbury.

Bristol South District Medical Society. — Drs. Andrew Mackie, New Bedford; Elisha P. Fearing, Nantucket; Foster Hooper, Fall River; George Atwood, Barnstable; Joseph Haskell, Rochester; William A. Gordon, New Bedford.

Middlesex North District Medical Society. — Drs. J. C. Dalton, E. Huntington, G. Kimbal, J. W. Graves, and Nathan Allen, of Lowell; A. B. Bancroft, of Groton; J. C. Bartlett, of Chelmsford; N. Cutter, of Pepperell.

Norfolk District Medical Society. — Drs. Ebenezer Stone, Walpole; Henry Bartlett, Roxbury; Benjamin Mann, Foxborough; Danforth P. Wight, Dedham; Ebenezer Woodward, Quincy; Jonathan Ware, Milton; Simeon Tucker, Stoughton; Edward Jarvis, Dorchester.

Hampshire District Medical Society. — Drs. Daniel Thompson, Northampton; E. G. Ufford, South Hadley; Seth Fisk, Amherst; Hervey Orcutt, West Hampton.

Worcester District Medical Society. — Drs. John Green, Worcester; Edward Flint, Leicester; Benjamin Pond, Westborough; Thomas R. Boutelle, Fitchburg; Calvin P. Fiske, Sturbridge; James W. Robbins, Uxbridge; J. W. D. Osgood, Templeton; J. G. Metcalf, Mendon; William Workman, Worcester; P. T. Kendall, Sterling.

Barnstable District Medical Society. — No returns.

Berkshire District Medical Society. — No returns.

Bristol North District Medical Society. — No returns.

Essex South District Medical Society. — No returns.

Hampden District Medical Society. — No returns.

Plymouth District Medical Society. — No returns.

Officers of the District Medical Societies.

Middlesex East District Medical Society. — Dr. Horace P. Wakefield, Reading, *President;* Dr. Alonzo Chapin, Winchester, *Vice-President;* Dr. Truman Rickard, Woburn, *Secretary;* Dr. Augustus Plympton, Woburn, *Treasurer and Librarian;* Dr. Moses Parker, Melrose, *Auditor.*

Berkshire District Medical Society. — Dr. H. L. Sabin, *President;* Dr. Charles M'Alister, *Vice-President;* Dr. Selden Jennings, *Librarian and Cabinet Keeper;* Dr. Coridon Guiteau, *Secretary.*

Suffolk District Medical Society. — Dr. John Homans, *President;* Dr. Samuel Parkman, *Vice-President;* Dr. H. W. Williams, *Secretary;* Dr. Nathaniel B. Shurtleff, *Treasurer;* Dr. William E. Coale, *Librarian;* Dr. Ephraim Buck and Dr. E. W. Blake, *Supervisors.*

Franklin District Medical Society. — Dr. S. W. Williams, Deerfield, *President;* Dr. E. W. Carpenter, Bernardstown, *Vice-President;* Dr. J. Deane, Greenfield, *Secretary, Treasurer, and Librarian.*

Middlesex South District Medical Society. — Dr. Josiah Bartlett, Concord, *President;* Dr. Timothy Wellington, West Cambridge, *Vice-President;* Dr. J. W. Bemis, Charlestown, *Secretary;* Dr. R. S. Warren, *Treasurer.*

Middlesex North District Medical Society. — Dr. John C. Dalton, Lowell, *President;* Dr. John C. Bartlett, Chelmsford, *Vice-President;* Dr. Charles A. Davis, Lowell, *Secretary;* Dr. N. B. Edwards, North Chelmsford, *Treasurer and Librarian;* Dr. E. K. Sanborn, Lowell, *Curator of Cabinet;* Drs. J. P. Jewett and L. B. Morse of Lowell, and Jonathan Brown of Tewksbury, *Standing Committee.*

Norfolk District Medical Society. — Dr. Ebenezer Alden, Randolph, *President;* Dr. Appleton Howe, Wey-

mouth, *Vice-President;* Dr. Edward Jarvis, Dorchester, *Secretary;* Dr. Danforth P. Wight, Dedham, *Treasurer;* Dr. Lemuel Dickerman, Medfield, *Librarian;* Drs. Erasmus D. Miller, Dorchester, and Erastus H. Clapp of Wrentham, *Committee of Supervision.*

Hampshire District Medical Society. — Dr. S. D. Brooks, Norwich, *President;* Dr. James Thompson, Northampton, *Secretary;* Dr. Artemas Bell, Southampton, *Treasurer;* Dr. James Thompson, Northampton, *Librarian.*

Worcester District Medical Society. — Dr. Benjamin Pond, Westborough, *President;* Dr. Thomas R. Boutelle, Fitchburg, *Vice-President;* Dr. Rufus Woodward, Worcester, *Secretary;* Dr. Benjamin Heywood, Worcester, *Treasurer;* Dr. Henry Clarke, Worcester, *Librarian.*

Essex North District Medical Society. — Dr. John Appleton, West Newbury, *President;* Dr. Stephen Huse, Methuen, *Vice-President;* Dr. Martin Root, Byfield, *Secretary;* Dr. Jeremiah Spofford, Groveland, *Treasurer and Librarian.*

Bristol South District Medical Society. — Dr. Julius S. Mayhew, New Bedford, *President;* Dr. Benjamin B. Sisson, Westport, *Vice-President;* Dr. Robert T. Davis, Westport, *Second Vice-President;* Dr. Elijah Colby, New Bedford, *Secretary;* Dr. William A. Gordon, New Bedford, *Treasurer and Librarian.*

Barnstable District Society. — No returns.

Hampden District Society. — No returns.

Plymouth District Society. — No returns.

Essex South District Society. — No returns.

Bristol North District Society. — No returns.

NOTICE.

The Secretaries of the District Societies are requested to make their returns of officers as early as possible before the annual meeting, that there may be no delay in the publication. They are also requested to give the Christian name, as it is often difficult to decide which individual of the same name is intended.

PROCEEDINGS

OF THE

Massachusetts Medical Society.

ANNUAL MEETING.

MAY 25, 1853.

THE annual meeting of the MASSACHUSETTS MEDICAL SOCIETY was held at the hall of the Lowell Institute, Boston, on Wednesday, May 25, 1853, at 10 o'clock, A.M.; the President in the Chair.

The Recording Secretary read the records of the last annual meeting of the Society, and the records of the annual meeting of the Councillors.

Dr. Bowditch laid before the Society three volumes of the old papers of the Society, which, with the permission of the Society, he had had bound. After some remarks upon them, he moved, "That they be referred to the same Committee who have charge of the printing of Dr. Rand's discourse, to examine and print such of them as they may deem of sufficient value." — Passed.

The President introduced the proposed alteration of the By-laws, which had been acted upon by the Councillors, and sent up to the Society.

As the By-laws required that they should be acted upon only at adjourned meetings of the Society, on a motion made by Dr. Bowditch, it was voted, "That the Society, when it adjourn, adjourn to meet at 10 o'clock the next day."

On a motion made by Dr. J. W. Stone, it was voted that a Committee of three be appointed to aid the Treasurer, and facilitate the collection of assessments and delivery of the dinner-tickets.

Drs. Stone and Buck of Boston, and Perkins of Newburyport, were appointed upon this Committee.

Dr. S. Parkman read a report from the Committee upon suits for mal-practice.*

The report was accepted; and, on a motion made by Dr. Bowditch, was referred to the Committee on Publications.

Dr. S. Parkman also read a report from the Committee on Scientific Communications.

On a motion made by Dr. Bowditch,* it was voted, "That a Committee of three be chosen to appoint persons to report on different medical subjects at the next annual meeting. And it is hereby recommended to said Committee to correspond with the different District Societies on the subject.

Drs. John Ware, J. G. Metcalf, and George Choate, were appointed upon this Committee.

On a motion made by Dr. Perkins, of Newburyport, it was voted to refer to the same Committee the propriety of publishing for general distribution, at the expense of the Society, any paper or papers calculated to enlighten the community upon medical subjects.

The Corresponding Secretary read the following resolution which he had received from the Essex North District Society, with the request that it be laid before the Society: "Forasmuch as there is no common ground of support or sympathy between Homœopathy and Allopathy, Resolved, that, if the Homœopaths are allowed to retain their regular standing in the Massachusetts Medical Society, and claim fellowship and counsel with Allopaths, we, as consistent and conscientious individuals, request to be honorably discharged from our allegiance and connection with the Parent Society."

* See Appendix.

On a motion made by Dr. Cummings, of Roxbury, it was voted to refer the whole subject of Homœopathy, together with the resolution to the Councillors, to be reported upon by them at the next annual meeting.

Dr. Spofford presented the following resolution: "That, while we recognize the right of regular physicians to use medicine in any quantity or doses which they may consider useful to their patients, we consider all use of the name of Homœopathy in public papers, on signs, or otherwise, as quackish and disreputable; and that all persons who make pretensions to homœopathic practice ought to be excluded from the Society. Referred to the Councillors.

The Treasurer presented his report. — Accepted.

One o'clock having arrived, Dr. J. B. S. Jackson delivered the annual discourse.

On a motion made by Dr. C. P. Fiske, it was voted, "That the thanks of the Society be presented to Dr. Jackson for his elaborate, learned, and interesting discourse."

The Society then adjourned to dine at Faneuil Hall, and meet to-morrow at Cochituate Hall at 10 o'clock, A.M. — Adjourned.

CHARLES E. WARE,
Recording Secretary.

ADJOURNED MEETING.

MAY 26, 1853.

An adjourned meeting of the Massachusetts Medical Society was held at the room of the Society, in Phillips Place, Boston, May 26, 1853; the President in the Chair.

The President stated that this was an adjournment of the annual meeting of yesterday, held to consider certain changes in the By-laws which had been acted upon, and adopted at the annual meeting of the Councillors.

Each of the proposed alterations was then taken up and acted upon in order, and each unanimously adopted.

1st, Sect. XIV. p. 27, to read, — "Every Fellow of the Society shall be assessed annually *three dollars*, one dollar of which shall revert to the Society of the District in which he resides."

2d, Sect. XXVI. p. 32. The clause beginning, "He shall in the first week in May," &c. to read, "He shall, on or before the first of January annually, pay over to the several District Treasurers one-third of the assessments received from members of their respective districts, and shall furnish a list of all assessments remaining due from the members of the Societies respectively, with authority," &c.

3d, Sect. XXXIII. p. 34, in the fourth line, instead of "February," &c. read "annual meeting of the Councillors;" after the word "services," in the last line, to add, "together with such other reasonable charges as he may incur;" and, on page 35, in the second line, to insert the clause, "He shall also report the deaths and removals which have occurred in the district, and any circumstances respecting the pecuniary abilities of the members, which it may be important for the Treasurer to know."

On a motion made by Dr. J. V. C. Smith, it was voted, "That the Publishing Committee be authorized to print an alphabetical catalogue of the Society, and with it such of the By-laws as have been altered since they were last printed."

Dr. John Ware presented the following resolution: —

"Whereas it has happened, as one of the results of the late appalling calamity, which cast a gloom over the whole community, and plunged many families into the deepest affliction, that several members of our profession, some of them our own honored associates, and some of distinguished character from our sister States, have perished by a sudden and dreadful death, whilst others have barely escaped the same untimely fate; we, the Fellows of the Massachusetts Medical Society, assembled in annual meeting, in order to give expression to the sentiments which this occasion has excited, do unanimously resolve, —

"That, while, in common with all our fellow-citizens, we have been deeply affected by this recent dispensation of divine Providence, our attention is at this time especially called to the loss which this Society and the profession of medicine have sustained in the death of men not only emi-

nent as physicians, but personally honored and beloved in the communities to which they belonged.

"That we cannot but feel that this event has cast a shade of sadness and solemnity over this usually cheerful and happy anniversary.

"That to those communities which have been thus deprived of the medical advisers on whose skill and humanity they have been accustomed to rely in times of suffering and danger, we tender the expression of our profound regret.

"That we offer to the families and friends of our deceased associates the assurance of our heartfelt sympathy in their affliction, and of the high respect in which we hold the character, and shall cherish the memory, of those who have been thus suddenly taken from them."

On a motion made by Dr. Dale, it was voted, "That the resolution be signed by the President and Recording Secretary, and published in the Boston Medical and Surgical Journal, and in such newspaper or papers as the President may see fit." — Adjourned.

CHARLES E. WARE,

Recording Secretary.

PROCEEDINGS OF THE COUNCILLORS.

October Meeting, 1852.

A stated meeting of the Councillors of the Massachusetts Medical Society was held at the Masonic Temple, Boston, Oct. 6, 1852, at 11, A.M.

The following Councillors were present: Drs. Geo. Hayward, C. P. Fiske, Benj. Pond, A. A. Watson, G. Choate, E. Palmer, E. Hunt, A. Mackie, S. Parkman, F. Hooper, C. Howe, S. Fiske, J. G. Metcalf, W. A. Gordon, H. I. Bowditch, A. L. Peirson, W. D. Lamb, E. Warren, C. H. Stedman, H. G. Clark, J. M. Warren, H. Dyer, T. Wellington, John Ware, Z. B. Adams, B. Mann, J. Homans, J. W. Bemis, T. R. Boutelle, Jonathan Ware, A. A. Gould, S. Whitney, C. Chase, H. Bartlett, A. B. Bancroft, S. G. Burnap, E. Jarvis, A. Story, C. E. Ware; — the President in the chair.

The records of the last meeting were read.

The Recording Secretary reported the following names of gentlemen who had joined the Society since the last meeting of the Councillors, viz.: —

Dr. John C. Beach	Sandisfield.
„ Henry M. Lincoln	Westminster.
„ Alvan H. Turner	Berkshire.
„ Oliver E. Brewster	„
„ Nathaniel Leavatt	W. Stockbridge.
„ Allston B. Whitney	Framingham.

Dr. Adin B. Hale	Natick.
,, Charles Kidder	Watertown.
,, Chester Parkhurst	Waltham.
,, Thomas W. Aspinwall	Seekonk.
,, George H. Randall	Norton.
,, Lloyd Morton	Pawtucket.
,, Daniel F. Randall	Rehoboth
,, Elijah Stratton	Northfield.
,, Daniel Hovey	Greenfield.
,, George Wright	Montague.
,, Samuel Stevens	Greenfield.
,, David Bradford	Montague.
,, Milo Wilson	Shelburne Falls.
,, A. C. Deane	Coleraine.
,, Stephen Bates	Charlemont.
,, David Rice	Leverett.
,, L. D. Seymour	Greenfield.
,, Chas. H. Hildreth	Gloucester.
,, Daniel G. Otis	Fitchburg.

The Corresponding Secretary presented the request of Charles S. Carter, of Charlestown, to be allowed to resign, and moved that it be referred to the Committee on Resignations. — Voted.

The ballot for honorary membership being in order, the names of the following gentlemen, nominated at the annual meeting, were called up and acted upon separately, viz.: — Drs. John Forbes, of London; James Copeland, of London; Andreas Retzius, of Stockholm; and Theodore S. Bell, of Louisville, Ky.

On a motion made by Dr. Bowditch, it was voted, " That a Committee of three be appointed to provide scientific communications for the annual meeting."

The following Committee was nominated by the President, and accepted by the Councillors, viz.: — Drs. S. Parkman, M. Wyman, and J. Sargent.

After some discussion as to the mode in which the Delegates to the American Medical Association should receive their certificates, the following resolve, presented by Dr. Hooper, of Fall River, was passed: —

"*Resolved*, That the Secretary of this Society be directed to issue to the several District Societies, blank certificates, equal to the number of Delegates to the American Medical Association, to which they are respectively entitled, signed by himself and the President; which blanks are to be filled by the District Societies in such manner as they may see fit."

Dr. Gould announced to the Councillors the bequest to the Massachusetts Medical Society, by Dr. Calvin Thomas, of Tyngsboro', of $100, "to be expended in the publication of such books as the Society shall order."

Adjourned.

CHARLES E. WARE,

Recording Secretary.

FEBRUARY MEETING, 1853.

A stated meeting of the Councillors of the Massachusetts Medical Society was held at the Masonic Temple, Boston, Feb. 2, 1853, at 11 o'clock, A.M.

The following Councillors were present, viz. Drs. E. Hunt, A. A. Watson, S. Parkman, E. H. Clarke, D. Thompson, G. Hayward, H. P. Wakefield, A. L. Peirson, G. Cogswell, P. M. Crane, N. B. Shurtleff, T. Wellington, Jonathan Ware, J. Jeffries, L. V. Bell, J. W. Bemis, E. Jarvis, P. T. Kendall, J. W. Robbins, S. G. Burnap, C. Gordon, E. Warren, E. Palmer, J. Odin, E. Stone, J. Homans, T. R. Boutelle, E. Alden, J. Lamson, H. Bartlett, J. M. Warren, A. A. Gould, S. W. Drew, A. Story, J. Ware, D. H. Storer, J. Bigelow, C. E. Ware, S. Morrill; — the President in the chair.

The records of the last meeting were read.

The Recording Secretary reported the following members to have joined the Society since the October meeting of the Councillors: —

Dr.	Albert W. Clark	Woburn.
,,	Moses Parker	Melrose.
,,	Benj. Whitwell	Hanover.
,,	Ephraim Knapp	Attleboro'.
,,	Charles K. Thompson	,,
,,	Sidney S. Merrill	Lowell.
,,	U. C. Bickford	,,
,,	Jeremiah Blake	,,
,,	Freeman J. Bumstead	Boston.
,,	Joshua R. Lothrop	,,
,,	W. A. C. Randall	,,
,,	Richard M. Hodges	,,
,,	S. L. Sprague	,,
,,	Ira Warren	,,

The Corresponding Secretary presented his report, which consisted, 1st, Of a letter from Dr. John Forbes, of London, in acknowledgment of the honor which had been conférred upon him by the Society; 2d, Of a report upon certain manuscripts and papers, which, under permission granted him by the Society, he had arranged and had bound in three volumes. The whole arrangement and indexing of the volumes had been performed by Dr. Bowditch himself, at a great expense of time and labor.

On a motion made by Dr. Bowditch, it was voted, "That the three volumes be referred to a special Committee, to examine them and learn what portion of them had been published, and whether there were any of them worthy of being published."

Upon this Committee were appointed by the Chair, Dr. L. V. Bell, Dr. J. M. Warren, and Dr. E. H. Clarke.

3d, Of a report of the Barnstable District Society, upon the first resolution of the report read before the Councillors, October 2, 1850, upon the charges made against Dr. H. J. Bigelow by the Barnstable District Society. In the report, for reasons given at length, they decline expunging from their records the offensive language.

A letter was also read from Dr. H. J. Bigelow, addressed to the Corresponding Secretary, in accordance with the

requisition contained in the second resolution of the same report, in which he denies that he consulted with Dr. Wakefield, or had any intention of countenancing him as an irregular practitioner.

After a lengthy discussion as to the disposition of the report and letter, the following resolution, presented by Dr. Cogswell, was passed, viz. "That a copy of the letter and the communication from the Barnstable District Medical Society be sent by the Corresponding Secretary to the Barnstable District Medical Society."

The following Committees were chosen, viz.:—

On the Treasurer's Accounts — Drs. A. L. Peirson, of Salem; and Ebenezer Hunt, of Danvers.

On the Library — Drs. N. B. Shurtleff and E. H. Clarke, of Boston.

Dr. Jeffries presented the report of the Publishing Committee upon Dr. Childs's resolution, referred to them at the meeting of the Councillors in June. The Harpers had been written to, and their letter in reply was read. They held the Society bound to its engagement, but did not intimate upon what terms they would be willing to release it. The finances of the Society had also been investigated. Although in a more promising condition than they had been in for some time back, it was not so satisfactory that the Committee felt prepared to offer any plan by which the object contained in the resolution could be attained. They hoped, however, at a future meeting to be able to present something more definite. The report was accepted.

Dr. Morrill read a letter from the Board of Censors at large, asking advice in regard to the application of a female practitioner to be admitted a member of the Massachusetts Medical Society; she having all the requisite credentials, and offering herself for examination.

After some discussion, the following resolution presented by Dr. J. Bigelow was passed:—

"That the Censors be instructed that their duty requires them to examine male candidates only for membership; and

that the Massachusetts Medical Society will assume any responsibility or expense which the Censors may incur in the execution of this vote."

Dr. Alden, to whom was referred a letter of Dr. Horatio Bryant respecting arrearages due from him to the Society, read his report, which terminated with the following resolution, viz.: —

"That all dues of Dr. Horatio Bryant to the Society anterior to the last annual meeting, be remitted; and that the Treasurer of the Society notify the Treasurer of the Plymouth District Medical Society of the fact." — Adopted.

The Librarian reported a donation of Dr. Martin Paine, of New York, consisting of several volumes of his own works: —

Paine's Medical and Physiological Commentaries. 3 vol.
Paine's Institutes of Medicine. 1 vol.
Paine's Materia Medica. 1 vol.
Paine on the Soul, Instincts, and Life. 1 vol.
Memoir of Robert Troup Paine, by his Parents. 1 vol.

Voted, "That the thanks of the Society be presented to Dr. Paine for his valuable donation."

Adjourned.

CHARLES E. WARE,
Recording Secretary.

MAY MEETING, 1853.

The annual meeting of the Councillors of the Massachusetts Medical Society was held at the Lowell Institute in Boston, May 24, 1853, at 11 o'clock, A.M.; the President in the Chair.

The following Councillors were present: — Drs. George Hayward, John Odin, P. T. Kendall, Benjamin Pond, S. G. Burnap, S. W. Drew, John Hoyt, J. W. H. Metcalf, C. P. Fiske, E. Hunt, Benjamin Mann, George Choate, Z. B.

Adams, T. R. Boutelle, J. W. Robbins, John Jeffries, S. Richardson, B. E. Cotting, E. Palmer, S. Parkman, A. A. Gould, John Ware, N. B. Shurtleff, Charles Chase, H. P. Wakefield, J. M. Warren, H. I. Bowditch, A. A. Watson, C. H. Stedman, Jonathan Ware, A. Mackie, C. E. Ware.

The Recording Secretary read the records of the last meeting.

The following members were reported to have joined the Society since the last meeting of the Counsellors: —

Dr. Nathaniel Foot	Pittsfield.
,, Samuel L. Young	Gloucester.
,, L. F. Humeston	Holyoke.
,, John M. Smith	Barnstable.
,, E. B. Allen	Lawrence.
,, George W. Sanborn	,,
,, Hiram M. Couch	Georgetown.
,, John Colby York	Boston.
,, J. Nelson Borland	,,
,, David R. Brown	,,
,, John T. Jarvis	,,
,, Alfred A. Stocken	,,

The Recording Secretary stated, that, owing to the late period at which the District Societies held their annual meetings, many of the returns of officers were not received in season to enable the Secretary to notify the new Councillors of the meeting; and, where changes had been made, the old Councillors had been notified instead of the new. As they were not Councillors and could not act as such, it was necessary for the Councillors, in case any such were present, to take some order upon the subject.

On a motion made by Dr. C. P. Fiske, it was voted, "That, if there were any such persons present, they be invited to participate in the deliberations, but not to vote."

The next business being the choice of officers, Drs. Shurtleff, of Boston; Flint of Leicester; and Cotting, of Roxbury, were appointed a Committee to nominate a list of officers for the ensuing year.

On their nomination, the following officers were elected, viz.: —

President	Dr. George Hayward.
Vice-President	,, Andrew Mackie.
Corresponding Secretary . . .	,, Henry I. Bowditch.
Recording Secretary	,, Charles E. Ware.
Librarian	,, Abraham A. Watson.
Treasurer	,, Augustus A. Gould.

Committee on Publications.

Dr. John Jeffries, Dr. Samuel Parkman, Dr. Charles Gordon.

Committee on Resignations.

Dr. A. A. Gould, Dr. D. H. Storer, Dr. N. B. Shurtleff.

The President announced that he had received an invitation to the Society, from several gentlemen in Fitchburg, to hold their next annual meeting in that place.

Dr. Boutelle, of Fitchburg, urged the inducements to the Society to accept of the invitation.

On a motion made by Dr. John Ware, it was voted, "That the annual meeting of 1854 be held in the town of Fitchburg, and that the third Wednesday in June be the day of the annual meeting."

On a motion made by Dr. Fiske, it was voted, "That the Secretary be requested to see that an earlier notice be given to the members of the Society than is usually done."

On a motion made by Dr. Bowditch, it was voted, "That the Committee of Nomination confer with some of the gentlemen from Fitchburg in regard to a Committee of Arrangements, and an Anniversary Chairman.

The Committee of Nomination presented the following gentlemen, who were elected, viz.:—

Anniversary Chairman . . . Elisha Huntington, of Lowell.

Committee of Arrangements.

Dr. J. R. Boutelle.	Dr. Levi Pillsbury.
,, Jonas A. Marshall.	,, C. W. Wilder.
,, Alfred Hitchcock.	,, T. W. Wadsworth.
,, William J. Dale.	,, Jabez Fisher.
,, O. L. Huntley.	

Orator . . . . . Dr. William Workman, of Worcester.

The following gentlemen were appointed by the President to advise with the Treasurer, in regard to the Finances of the Society, viz.: — Drs. S. D. Townsend, S. Parkman, and C. P. Fiske.

Dr. Jeffries, Chairman of the Committee on Publications, read his report, which closed with a request, that farther time be granted for a full report upon the resolution of the Berkshire District Society. — Report accepted, and request granted.

Dr. Homans, on the part of the Special Committee appointed to advise with the Treasurer, read a report recommending to the Councillors the statement and resolutions of the Treasurer.

Dr. Gould made a statement of the present condition and prospects of the finances of the Society. He closed with the following proposed alterations of the By-laws, each one of which was taken up in order, and adopted: —

XIV. p. 27, to read — "Every Fellow of the Society shall be assessed annually *three dollars, one dollar of which shall revert to the Society of the District in which he resides.*"

XXVI. p. 32: the clause beginning, "He shall, in the first week in May," &c., to read, "*He shall, on or before the first of January, annually, pay over to the several District Treasurers one-third of the assessments received from members of their respective districts, and* shall furnish a list of all assessments remaining due from the members of the Societies respectively, with authority," &c.

XXXIII. p. 34. In the fourth line, instead of February, read *annual meeting of the Councillors.* After the word "services," in the last line, to add, "*together with such other reasonable charges as he may incur;*" and on page 35, in the second line, to insert the clause, "*He shall also report the deaths and removals which have occurred in the district, and any circumstances respecting the pecuniary abilities of the members, which it may be important for the Treasurer to know.*"

The Treasurer also asked that an order might be passed, directing him to send a circular to those members who are in arrears for five years and upwards, containing a bill of their dues, and requesting immediate payment; and that, if this is not complied with within two months of the issue of

the circular, he be authorized to proceed against them by legal process, unless satisfactory reasons are furnished to the Committee on Delinquencies that such dues should be abated or remitted. — Passed.

The Corresponding Secretary read a letter from Dr. F. L. Bell, of Kentucky, acknowledging the compliment he had received in being elected an honorary member of the Society. Accompanying the letter was a report of the Kentucky State Society, presented by Dr. Bell to the Massachusetts Medical Society. Also, a copy of the report of the New York State Society, for 1853, presented by Dr. Bowditch.

He also presented a petition from Dr. W. Green, of North Falmouth, for permission to become a retired member. — Referred to Committee on Resignations.

Also a report from the Censors of the Worcester District Society.

Also a report from the Hampshire District Society, containing a resolution in relation to assessments. — Laid on the table for the present.

Also a resolution from the Essex North District Society relating to Homœopathy. — Referred to the Society tomorrow.

Dr. Gould, Chairman of the Committee on Resignations, presented a report with the following recommendations: — "That liberty to become a retired member be granted to C. Soule Carter, of Charlestown, he having relinquished the profession; to Sylvanus Plympton, of Cambridge, he having relinquished the profession on account of ill health, and having adjusted his dues; to John M. Brewster, of Pittsfield, he having passed the age of sixty, and paid all dues; to Vassal White, of Stockbridge, having passed the age of sixty-one. In 1847 his dues were remitted on recommendation of the District Treasurer. He has since paid a note given in 1840 with interest, and the Committee recommend that the remainder of his dues be remitted, and his request granted. — Report accepted, and recommendations adopted.

Dr. Shurtleff, Chairman of the Committee on the Library,

presented a report containing the following recommendations, each of which in order was adopted, viz.: — "That the discourse of Dr. Rand on Pthisis, now nearly extinct, be reprinted, and a special Committee appointed to attend to it."

Drs. Shurtleff and Watson were appointed upon this Committee.

Also, "That the Councillors authorize and empower the Librarian to collect, at his earliest convenience, a perfect copy of the communications and proceedings of this Society, and all other publications of the Society, and such other publications relating to the Society as can be obtained, and cause the same to be well and strongly bound, and placed in the Library; and that the President be authorized to draw upon the Treasurer for funds adequate to defray the expense hereby incurred."

On a motion made by Dr. Gould, it was voted, "That the donation of Dr. Thomas, of Tyngsboro', be appropriated to these purposes."

Adjourned.

CHARLES E. WARE,

Recording Secretary.

Officers of the Massachusetts Medical Society,

CHOSEN MAY 24, 1853.

GEORGE HAYWARD	PRESIDENT.
ANDREW MACKIE	VICE-PRESIDENT.
HENRY I. BOWDITCH	COR. SECRETARY.
CHARLES E. WARE	REC. SECRETARY.
ABRAHAM A. WATSON	LIBRARIAN.
AUGUSTUS A. GOULD	TREASURER.

Ex-Officio Vice-Presidents.

WILLIAM F. STEVENS.	T. R. BOUTELLE.
M. R. RANDALL.	E. ALDEN.
S. W. WILLIAMS.	G. CHOATE.
J. M. SMITH.	H. THOMPSON.
E. CROSS.	J. S. MAYHEW.
J. HOMANS.	H. L. SABIN.
J. LEONARD.	

Censors.

MIDDLESEX EAST DISTRICT MEDICAL SOCIETY. — Drs. Benjamin Cutter, Woburn; Erastus O. Phinney, Melrose; Joseph D. Mansfield, South Reading.

BRISTOL NORTH DISTRICT MEDICAL SOCIETY. — Drs. Thaddeus Phelps, Attleborough; Charles Howe, Taunton; James B. Deane, Taunton.

FRANKLIN DISTRICT MEDICAL SOCIETY. — Drs. N. G. Trow, Sunderland; Lucius Cooke, Wendell; C. M. Duncan, Shelburne.

ESSEX NORTH DISTRICT MEDICAL SOCIETY. — Drs. H. C. Perkins, Newburyport; T. Kenniston, Haverhill; E. Cross, Newburyport; E. P. Grosvenor, Newburyport; Josiah Atkinson, ——.

Suffolk District Medical Society. — Drs. Samuel Morrill, P. M. Crane, A. A. Gould, William E. Coale, W. W. Morland.

Barnstable District Medical Society. — Drs. E. W. Carpenter, Chatham; A. Cornish, Falmouth; J. Leonard, Sandwich; G. Shove, Yarmouth Port; S. H. Gould, Brewster.

Worcester District Medical Society. — Drs. William Workman, Worcester; John G. Metcalf, Mendon; Alfred Hitchcock, Fitchburg; Joseph Sargent, Worcester; Oramel Martin, Worcester.

Norfolk District Medical Society. — Drs. Ebenezer Stone, Walpole; Henry Bartlett, Roxbury; Simeon Tucker, Stoughton; Steven Salisbury, Brookline; Benjamin Mann, Roxbury.

Essex South District Medical Society. — Drs. H. Wheatland, William Mack, William Williams.

Hampshire District Medical Society. — Drs. S. A. Fiske and James Dunlap, Northampton; and S. D. Brooks, South Hadley.

Bristol District Medical Society. — Drs. Elijah Colby, New Bedford; W. W. Comstock, Wrentham; Lyman Bartlett, New Bedford; B. B. Sisson, Westport; John Pierce, Edgartown.

Berkshire District Medical Society. — Drs. Avery Williams, Pittsfield; Charles L. Hubbell, Williamstown; A. S. Church, Great Barrington.

Hampden District Medical Society. — No returns.

Middlesex North District Medical Society.—No returns.

Middlesex South District Medical Society.—No returns.

Plymouth District Medical Society. — No returns.

Officers of the District Medical Societies.

Middlesex East District Medical Society. — Dr. William F. Stevens, Stoneham, *President;* Dr. Alonzo Chapin, Winchester, *Vice-President;* Dr. T. Rickard, Woburn, *Secretary;* Dr. Augustus Plympton, Woburn, *Treasurer and Librarian;* Dr. S. Watson Drew, Woburn, *Auditor.*

Bristol North District Medical Society. — Dr. M. R.

Randall, Rehoboth, *President;* Dr. Ira Sampson, Dighton, *Vice-President;* Dr. William Dickenson, Taunton, *Secretary;* Drs. James B. Deane, Taunton, and Phineas Savery, Attleborough, *Librarians.*

Franklin District Medical Society. — Dr. S. W. Williams, Deerfield, *President;* Dr. E. W. Carpenter, Bernardstown, *Vice-President;* Dr. James Deane, Greenfield, *Secretary, Treasurer, and Librarian.*

Hampden District Medical Society. — Dr. James M. Smith, Springfield, *President;* Dr. Alfred Lambert, Springfield, *Secretary and Treasurer.*

Essex North District Medical Society. — Dr. Enoch Cross, Newburyport, *President;* Dr. Edwin P. Grosvenor, Newburyport, *Vice-President;* Dr. Martin Root, Byfield, *Secretary, Treasurer, and Librarian.*

Suffolk District Medical Society. — Dr. John Homans, *President;* Dr. Samuel Parkman, *Vice-President;* Dr. John B. Alley, *Secretary;* Dr. Nathaniel B. Shurtleff, *Treasurer;* Dr. Ephraim Buck and Dr. Silas Durkee, *Supervisors.*

Barnstable District Medical Society. — Dr. Jonathan Leonard, Sandwich, *President;* Dr. Samuel H. Gould, Brewster, *Vice-President;* Dr. G. Doane, Hyannis, *Secretary;* Dr. Luther Jones, Yarmouth, *Treasurer.*

Worcester District Medical Society. — Dr. Thomas R. Boutelle, Fitchburg, *President;* Dr. Charles M. Fay, Charlton, and Dr. Moses D. Southwick, Blackstone, *Vice-Presidents;* Dr. Rufus Woodward, Worcester, *Secretary;* Dr. Charles Whitcomb, Worcester, *Treasurer;* Dr. Henry Clarke, Worcester, *Librarian;* Dr. William Workman and Dr. Joseph Sargent, Worcester, and Dr. John G. Metcalf Mendon, *Trustees of the Waldo and Wilder Fund.*

Norfolk District Medical Society. — Ebenezer Alden, Randolph, *President;* Dr. Appleton Howe, Weymouth, *Vice-President;* Dr. Edward Jarvis, Dorchester, *Secretary;* Dr. Danforth P. Wright, Dedham, *Treasurer;* Dr. Lemuel Dickerman, Medfield, *Librarian;* Drs. Christopher C. Holmes, and Theophilus E. Wood, *Committee of Supervision.*

Essex South District Medical Society. — Dr. George Choate, *President;* Dr. Eben Hunt, *Vice-President;* William H. Prince, *Secretary;* Dr. George A. Perkins, *Treasurer;* Dr. G. C. S. Choate, *Librarian.*

Hampshire District Medical Society. — Dr. Horatio Thompson, Belchertown, *President;* Dr. S. A. Fisk, Northampton, *Vice-President;* Dr. —— Thompson, Northampton, *Secretary;* Dr. Artimas Bell, Southampton, *Treasurer;* Dr. Daniel Thompson, Northampton, *Librarian.*

Bristol South District Medical Society. — Dr. Julius S. Mayhew, New Bedford, *President;* Dr. B. B. Sisson, Westport, *Vice-President;* Dr. Robert T. Davis, *Second Vice-President;* Dr. Elijah Colby, New Bedford, *Secretary;* Dr. William A. Gordon, New Bedford, *Treasurer;* Dr. John H. Mackie, *Librarian.*

Berkshire District Medical Society. — Dr. H. L. Sabin, *President;* Dr. C. M'Allister, *Vice-President;* C. Guiteau, *Secretary;* Selden Jennings, *Treasurer.*

Middlesex North District Medical Society.—No returns.

Middlesex South District Medical Society.—No returns.

Plymouth District Medical Society. — No returns.

List of Councillors.

Middlesex East District Medical Society. — Drs. William F. Stevens, Stoneham; Horace P. Wakefield, Reading; S. Watson Drew, Woburn.

Bristol North District Medical Society. — Drs. Benoni Carpenter, Pawtucket; J. D. Nichols, Swansey; Daniel King.

Franklin District Medical Society. — Drs. S. J. W. Tabor, Shelburne Falls; S. W. Williams, Deerfield; Edward Barton, Orange.

Hampden District Medical Society. — Drs. J. M. Smith, Springfield; W. L. Fitch, Springfield; Thomas L. Chapman, Springfield.

Suffolk District Medical Society. — Drs. Jacob Bigelow, John Ware, George Hayward, Z. B. Adams, John Homans, John Jeffries, D. H. Storer, Samuel Morrill, A. A. Watson, M. S. Perry, Ezra Palmer, jun., A. A. Gould, Henry Dyer, C. H. Stedman, George Bartlett, John Odin, jun., N. B. Shurtleff, H. I. Bowditch, J. M. Warren, Charles Gordon, H. G. Clark, Charles Chase, G. A. Bethune, Charles E. Ware, James Ayer, P. M.

the heart-burnings, and the jealousies, having led even to the falsification of the truth in the minds of those entertaining them.

But your Committee would refrain from pushing these considerations further, trusting that the indication of such evident results of medical ill-feeling will have the effect to produce that studied regard for the reputation of all fellow-practitioners which has been one of the chief aims of this Society from its foundation. It may, however, not be out of place in this connection to remark, that it must always be upon the medical testimony that the final decision in these cases must mainly depend; for, although a jury may give a verdict in direct opposition to it, the judge, as has been seen in several instances, will set this aside for the very reason of this opposition; and, as long as the Bench in our State maintains its present high character, there is little fear but that in this way any gross injustice will always be prevented where the medical evidence is conclusively in favor of the defendant.

But although your Committee have thus fully dilated upon the causes for these suits, arising from the relations between practitioners, — these being, in their opinion, as well as in that of the author of the letter which is the origin of this report, the most important, as well as most under our control, — they would by no means be considered to have overlooked the causes originating with the public, our employers, and their duties towards us. It cannot be denied that there is a disposition on the part of some patients — and it is worthy of note that it is generally these from whom the least remuneration is to be obtained — to carry disputes of this kind before a jury, trusting to the sympathy which may be excited in their behalf against the physician, who appears in a comparatively superior position. This sympathy for the seemingly oppressed and misused has its influence in all cases where a corporation, civic or other, is the defendant; and it cannot be denied that it is an important element in the patient's decision to bring a suit against

his physician. Perhaps to declaim against this injustice will be of no more advantage to the physician than to the corporation; but it may not be too much to expect, that the members of the legal profession should so far practise the courtesy which would seem due from the members of one liberal profession to those of another, as to discountenance suits, when there are no better weapons to be used than the prejudices alluded to. They should remember, that, if large damages are obtained by these means against a corporation, it is only money which is lost; while, in the case of the medical man losing his suit in court, his professional reputation goes with it. The matter to the physician also is of much more importance than the mere sum he may expend in the case, even if the defence prove successful; since, during all the time the case is on the docket waiting trial, — and this may be more than a year, — he is suffering under the imputation of mal-practice; and, if young, is so far prevented from progress, that his whole professional life may be the sacrifice. It surely is not too much to demand, that all parties should hesitate, before lightly subjecting any one to such a risk.

The public also should well consider, whether, by thus keeping their medical advisers under the dread of a prosecution, provided results be not successful, they may not, in fact, be warring against their own interests. It cannot be conducive to the interests of the patient that his relation with his physician should be reduced to a mere business-transaction, to be judged as a contract, to which the employer strictly holds the employed. It would soon be discovered, in that case, that a large portion of the comfort he now receives from his physician's visit was not included in the charge made in the bill, and would soon disappear when this strict measure of accountability should be obtruded between them. Moreover, it should be remembered by those resident in the country, that they have no right to demand of the practitioner of medicine in a thinly settled and poorly paying locality the same amount of skill and

experience in rare and difficult cases as may be found in larger and better paying situations; and, if they persist in holding up the terror of a prosecution, they will deter from entering upon the medical profession many such as, now scattered over the State, exert, by their general intelligence and cultivation, a most marked influence upon the social and intellectual condition of their locality.

Your Committee having now discussed the general questions connected with the subject assigned to them, it remains to refer to the mode of action which the writer of the letter proposes the Society should take, viz., to investigate each case and remunerate the defendant member, provided it should appear that he has been unjustly cast in damages. Fully recognizing the possibility of the injustice complained of, your Committee still do not believe that the members of the Society could be assessed to repay damages to one of their number. No such payment could be expected to be made, unless, after a second trial by a Committee of the Society, manifest injustice should have been proved; and your Committee believe it would require the evil to be infinitely more threatening than at present, before the whole body of medical men would find any advantage in making themselves members of such a mutual insurance company. In fact, a remedy from any flagrant injustice arising from the *false* testimony of one medical man against another is already furnished by the Society; inasmuch as it would be competent for the injured person to proceed against his injurer, and procure his expulsion from the Society by By-law XI., which, within the past year, has been so amended as to make unprofessional conduct a sufficient ground for such procedure. And, although this would be no compensation for the actual money-loss, it would certify to his professional conduct, and save his professional reputation; being, in fact, a reversal, in the Society's opinion, of the legal decision.

In conclusion, then, your Committee would express their belief that the principles of our Society, thoroughly carried

out, tending to the encouragement of proper professional conduct between medical men, offer the only barrier in our power against the injustice complained of; and they fully believe, that in the extension of its influence the remedy may be found; and they cannot but draw the most happy auguries from the increased zeal manifested of late years, as well as from the changes of its laws, by which its legislation has been made less cumbrous, and more certain and efficient.

And, finally, your Committee would suggest to any member of this Society, finding himself threatened with a prosecution for alleged mal-practice, at once to make a distinct offer to refer the case to such medical authority as may be agreed upon; both parties to abide by the decision. Such an offer, if accepted, would save the trouble and expense of a lawsuit, and full justice could not fail to be done the defendant; whilst the refusal of a proposition so manifestly fair could not fail to have a great influence in favor of the physician upon the minds of a jury.

Signed,

S. PARKMAN.
CALVIN P. FISKE.

LIST OF NEW MEMBERS.

The Publishing Committee, by a vote of the Society at its adjourned meeting, were authorized to print a new Catalogue of the Society. But, after an examination of the resources within their reach, they did not feel themselves justified in involving the Society in so considerable an expense for so imperfect a Catalogue as would inevitably be produced on so short a notice. They therefore concluded to publish, at the present time, a Catalogue of those members only who had joined the Society since the last Catalogue was printed. As this must be the basis of this portion of a future Catalogue, it is particularly requested of those who observe errors in it, that they would point them out to the Recording Secretary.

A

CATALOGUE

OF THOSE

MEMBERS OF THE MASSACHUSETTS MEDICAL SOCIETY

WHO HAVE JOINED THE SOCIETY SINCE THE LAST CATALOGUE WAS PRINTED.

The asterisk (*) denotes *deceased*; the double dagger (‡), *members removed out of the State.*

1851.	Abbott, Oscar D.	Newburyport.
1851.	Adams, Lucius S.	Stockbridge.
1852.	Alba, Edwin M.	Attleboro'.
1851.	Alden, Joseph P.	Cambridgeport.
1852.	Allen, Ira	Roxbury.
1851.	Allen, E. B.	Lawrence.
1853.	Aspinwall, Thomas W.	Seekonk.
1851.	*Atkinson, Moses L.	Lawrence.
1852.	‡Archibald, William A.	Horton, N.S.
1851.	Baldwin, Dexter	Marlboro'.
1851.	Barrett, William M.	Fitchburg.
1852.	Bartlett, Cyrus K.	Newtonville.
1852.	Barton, John G.	Erving.
1852.	Bates, Stephen	Charlemont.
1852.	Beach, John C.	Sandisfield.
1852.	Bell, William O.	North Becket.
1850.	Bennet, A. W.	
1853.	Bickford, U. C.	Lowell.
1851.	‡Bigelow, Samuel L.	Paris.
1853.	Blake, Jeremiah	Lowell.
1852.	Blanchard, Albert H.	Sherburne.
	Blanding, William	Rehoboth.
1850.	Bonney, F.	

1853.	Borland, J. Nelson	Boston.
1851.	Bowen, Silas S.	Richmond.
1852.	Bowker, Alonzo M.	Savoy.
1852.	Bradford, David	Montague.
	Brewster, Oliver E.	
1852.	Bronson, John R.	Pawtucket.
1851.	*Browne, Paris B.	Lowell.
1852.	Browne, John M.	Boston.
1853.	Brown, David R.	Boston.
1852.	Brownell, Clarence M.	East Hartford.
1852.	Budlong, Thomas R.	Providence, R. I.
1853.	‡Bumstead, Freeman J.	New York.
1852.	Camp, Samuel	Pittsfield.
1852.	Chamberlain, Cyrus N.	Greenville.
1850.	Chandler, George	
1851.	Childs, Timothy	Pittsfield.
1850.	Choate, George C. S.	Salem.
1851.	Church, A. S.	Great Barrington.
1853.	Clark, Albert W.	Woburn.
1851.	Clarke, Rowse R.	Whittensville.
1851.	Cole, Isaac S.	Pittsfield.
1851.	Codding, William	Winchendon.
1852.	Cole, Lanning S.	Chester.
1851.	Couch, Hiram M.	Georgetown.
1851.	Cummings, Ariel J.	Roxbury.
1851.	Cummings, J. P. C.	Leicester.
1851.	Davis, Robert F.	Fall River.
1852.	Dickenson, William	Taunton.
1851.	Divelly, Jerome	Fall River.
1852.	Deane, A. C.	Coleraine.
1852.	Dorr, James C.	Stoneham.
1852.	Draper, Abijah W.	West Roxbury.
1852.	Dunlap, James	Northampton.
1851.	Eastman, Edmund T.	Boston.
1851.	Field, George	Boston.
1852.	Fish, Samuel A.	Northampton.
1851.	Fogg, John S. H.	Boston.
1849.	Folsom, Levi	New Bedford.
1853.	Foot, Nathaniel	Pittsfield.
1852.	Freeland, Chester J.	Worthington.

1852.	French, Charles P.	Topsfield.
1852.	Fuller, Lemuel	Milton.
1851.	Gage, Edward	Boston.
1852.	Galloupe, Isaac F.	Lynn.
1847.	Gibbs, Charles	Lawrence.
1851.	Gifford, John B.	Lee.
1851.	*Gleason, E. W.	Boston.
1850.	Gorham, William H.	Cambridge.
1851.	Gould, Humphrey	Rowe.
1851.	Griswold, R. G.	Lanesboro'.
1852.	Hallinan	Boston.
1851.	Harriman, Hubbard Carter	Gardner.
1851.	Harrington, Samuel C.	Lee.
1851.	Hawks, Elihu S.	North Adams.
1851.	Hayes, Augustus A.	Boston.
1853.	Hildreth, Charles H.	Gloucester.
1852.	Hobbs, Alvah	Boston.
1853.	Hodges, Richard M.	Boston.
1852.	Hovey, Daniel	Greenfield.
1851.	Howarth, James	Andover.
1851.	Hoyt, Asa	Framingham.
1851.	Hubbell, Charles L.	Williamstown.
1853.	Humiston, L. F.	Holyoke.
1852.	Humphrey, Daniel	Andover.
1849.	Huntley, A. L.	Fitchburg.
1850.	Irwin, Richard	Boston.
1852.	Jackson, William L.	Pittsfield.
1853.	Jarvis, John T.	Boston.
1848.	Jewett, George	
1850.	Jewett, F. A.	Abington.
1849.	Jewett, Henry A.	Northboro'.
1851.	Johnson, Luther	Boston.
1852.	Judson, Azaniah	Pittsfield.
1851.	Keenan, Thomas	Lynnfield.
1852.	Kidder, Charles	Boston.
1852.	King, Dan	Taunton.
1853.	Knapp, Ephraim	Attleboro'.
1852.	Knight, Elam C.	
1851.	Knowlton, Charles S.	Ashfield.
1851.	Lawrence, George C.	Adams.

	Leavatt, Nathaniel	West Stockbridge.
1851.	Leland, P. W.	Fall River.
1852.	Leonard, John M.	Pittsfield.
1851.	Lesler, William	South Hadley.
1853.	Lincoln, Henry M.	Westminster.
1852.	Lincoln, J. Randolph	Boston.
1851.	Lincoln, William L.	Winchendon.
1852.	Lothrop, Joshua B.	Boston.
1852.	Mann, Jonathan	South Boston.
1852.	Martin, Alexander D. W.	Boston.
1851.	Martin, Oramel	Worcester.
1852.	M'Allister, George	Pittsfield.
1852.	M'Clure, Benjamin	Holliston.
1852.	Mead, A. P.	Malden.
1853.	Merrill, Sidney S.	Lowell.
1851.	Miller, Alfred	Ashburnham.
1851.	Miller, J. Leland	Pittsfield.
1852.	Moore, Charles W.	Boston.
1851.	Moore, Ira L.	Lowell.
	Morton, Lloyd	Pawtucket.
1852.	Nichols, E. A. S.	Philadelphia.
1852.	Nichols, John S.	Cambridgeport.
1851.	Nichols, J. D.	Taunton.
1848.	Nichols, Thomas G.	Freetown.
1852.	Norton, H. J.	Lanesboro'.
1852.	Noyes, F. A.	Boston.
1851.	Nute, Timothy I.	Roxbury.
1851.	‡Oakes, Thomas F.	Boston.
1852.	Osgood, John W.	
1853.	Otis, Daniel G.	Fitchburg.
1851.	Owens, Thomas R.	Boston.
1852.	Park, A. O.	Boston.
1847.	Parker, Moses	Melrose.
1852.	Pattee, William S.	Quincy.
1852.	Peck, William L.	Pittsfield.
1851.	Peirce, Augustus F.	Tyngsboro'.
1851.	Perkins, George A.	Salem.
1852.	Perry, D. A.	Chesterfield.
1851.	Perry, Ira	East Weymouth.
1853.	Phelps, Elisha	North Attleboro'.

1848.	Plympton, Daniel B.	North Oxford.
1851.	Puffer, Cheney	Coleraine.
1852.	Randall, George H.	Norton.
1852.	Randall, Daniel F.	Rehoboth.
1853.	Randall, W. A. C.	Boston.
1852.	Renton, George	Boston.
1850.	Revere, E. H. R.	Greenfield.
1853.	Rice, David	Leverett.
1852.	Rolfe, Enoch C.	Boston.
1851.	Sanborn, John E.	Medford.
1851.	Sanborn, George W.	Lawrence.
1851.	Sargent, Henry	Worcester.
1851.	Sargent, Seneca	Lawrence.
1850.	Savery, C. A.	Lowell.
1852.	Sawyer, George W.	Boxford.
1853.	Seymour, L. D.	Greenfield.
1852.	Sharp, J. Caldwell	Boston.
1852.	Shaw, Benjamin S.	Boston.
1852.	Shurtleff, Augustine	Brookline.
1851.	Smith, Benjamin F.	Amherst.
1853.	Smith, George W.	Gloucester.
1852.	‡Smith, Israel N.	Rockland, Maine.
1853.	Smith, John M.	Barnstable.
1851.	Smith, Justin	Hinsdale.
1850.	Southwick, M. D.	
1851.	Spare, John	New Bedford.
1853.	Sprague, S. L.	Boston.
1852.	Stearns, Samuel	Greenfield.
1851.	Stevens, N. C.	Boston.
1852.	Stickney, Charles D.	New Bedford.
1853.	Stocken, Alfred A.	Cambridge.
1852.	Stratton, Elijah	Northfield.
1851.	Sullivan, jun., John L.	Malden.
1851.	Tabor, S. J. W.	Shelburne Falls.
1851.	Taft, Caleb F.	Canton.
	Taylor, Ashmun H.	Heath.
1852.	Thaxter, Duncan M. B.	Boston.
1853.	Thompson, Charles K.	Attleboro'.
1851.	Trow, Josiah	Sunderland.
1852.	Tucker, Dexter M.	Boston.

1852.	Warren, George W.	West Boylston.
1852.	Warren, Ira	Boston.
1852.	Webster, I. K.	New Bedford.
1852.	Whitney, Allston B.	Framingham.
1852.	Whiting, Henry	Lowell.
1851.	Whitcomb, Charles W.	Worcester.
1853.	Whitwell, Benjamin	Hanover.
1851.	Wilder, Charles W.	Fitchburg.
1851.	Willis, Isaac P.	South Royalston.
1852.	Wilson, Milo	Shelburne Falls.
1851.	Wilson, N. J.	Pittsfield.
1852.	Woodman, George S.	Amherst.
1852.	Woodman, Lucius C. D.	Lowell.
1851.	Williams, Avery	Pittsfield.
1852.	Worcester, Edward	Barnstable.
1851.	Wright, Elam C.	Sterling.
1852.	Wright, Eliphalet	
1852.	Wright, Geo.	Montague.
1850.	Wyman, C. F.	Stoughton.
1853.	York, John C.	Boston.
1853.	Young, Samuel L.	Gloucester.

Honorary Members.

1852.	Bell, Theodore S.	Louisville, Ky.
1852.	Copeland, James	London.
1852.	Forbes, John	London.
1852.	Retzius, Andreas	Stockholm.

ERRATA.

Page 232. — The whole number of Delegates from the New England States, who attended the late meeting of the National Medical Association, was 163, according to the report of the proceedings of the meeting, published in the "New York Medical Times" for the present month. — *June* 8.

Page 233. — The name of Dr. Thomas L. Chapman was placed upon the list of deceased members, upon the authority of a physician from his neighborhood. It appears, however, that Dr. Chapman attended the late meeting of the Medical Association at New York as a Delegate.

Crane, Samuel Parkman, H. Dupee, John Flint, J. B. S. Jackson.

Essex North District Medical Society. — Drs. H. C. Perkins, Newburyport; Benjamin Atkinson, Amesbury; E. P. Grosvenor, West Newbury; Seneca Sargent, ——; Jeremiah Spofford, Bradford.

Barnstable District Medical Society. — Drs. E. W. Carpenter, Chatham; J. Harper, Sandwich; A. Cornish, Falmouth; F. Dodge, Harwich.

Worcester District Medical Society. — Drs. John Green, Shrewsbury; Edward Flint, Leicester; Benjamin Pond, Wisboro'; Thomas R. Boutelle, Fitchburg; Calvin P. Fiske; Sturbridge; James W. Robbins, Uxbridge; J. W. D. Osgood, Templeton; John G. Metcalf, Mendon; William Workman, Worcester; P. T. Kendall, Sterling.

Norfolk District Medical Society. — Drs. Henry Bartlett, Benjamin Mann, and Benjamin E. Cotting, of Roxbury; Ebenezer Woodward, Quincy; Jonathan Ware, Milton; Danforth R. Wright, Dedham; Ebenezer Stone, Walpole; Erasmus D. Mills, and Edward Jarvis, Dorchester.

Essex South District Medical Society. — Drs. Samuel Johnson, Salem; George Choate, Salem; Benjamin Cox, jun., Salem; Josiah Lamson, Essex; Eben Hunt, Danvers; Charles H. Brown, Ipswich; Augustus Torrey, Beverly; Abraham Gould, Lynn.

Hampshire District Medical Society. — Daniel Thompson, Northampton; Artemas Bell, Southampton; J. H. Taylor, Amherst; C. D. Barry, Chesterfield.

Bristol South District Medical Society. — Drs. Andrew Mackie, New Bedford; Elisha P. Fearing, Nantucket; William A. Gordon, New Bedford; George Atwood, Barnstable; Robert T. Davis.

Berkshire District Medical Society. — Drs. H. H. Childs, Pittsfield; Henry Ferre, Dalton; Vassal White, Stockbridge; Charles McAllister, Stockbridge; Selden Jennings, Richmond; F. A. Cady, Pittsfield.

Middlesex North District Medical Society.—No returns.

Middlesex South District Medical Society.—No returns.

Plymouth District Medical Society. — No returns.

APPENDIX.

REPORT ON THE CAUSES AND PREVENTION OF SUITS FOR MAL-PRACTICE.

The Committee of the Massachusetts Medical Society, to whom was referred a letter addressed to the President, the writer of which preferred to remain anonymous, on the subject of prosecutions for alleged mal-practice in medicine and surgery, as also the consideration of the best means for the prevention of such suits, beg leave respectfully to report — That they have attended to this duty; and although unable to point out any method by which this Society may act authoritatively either for the prevention of such suits, or for the remuneration of such of its members as may suffer from their injustice; still, agreeing fully with the general views of the writer of the letter, they have thought that a full and candid discussion of the whole subject might not be without a good effect, as pointing out methods of individual action, and as explaining the exact ground upon which we stand. It is undoubtedly a very great grievance, that a physician or surgeon, after having conscientiously and to the best of his abilities devoted himself to the cure or relief of his patient, should be subjected to a prosecution for damages, if the result of the case be contrary to the patient's wishes, or even his own hopes and predictions. To the medical man this appears peculiarly hard; for to his honor it may truly be said, that his profession differs from most callings that are pursued for a livelihood, in this, — that the pecuniary compensation

for the services to be derived is so little prominent as to have no influence upon their commencement. The peculiar relations always existing between physician and patient, and the fact of one of the parties being always more or less incapacitated by his condition, have put out of sight the idea of a bargain, as in other engagements between man and man. And although the physician always considers himself entitled to the pecuniary value of his services, an account of which he keeps and renders, he still, from the above and other circumstances, is insensibly led to regard his own amount of responsibility as differing somewhat from that assumed by the members of other professions and callings.

Feelings of this kind, nevertheless, however honorable to the parties concerned, and however desirable may be their encouragement, cannot be taken cognizance of by the law. Physicians and surgeons can only be regarded, in the eye of the law, as in the position of others who make public profession of their desire to exercise their calling for the remuneration to be obtained for their services. A medical man, undertaking the treatment of any case, becomes responsible, not for the result, but that he will employ the best means, and neglect nothing by which this may be attained. And if he do so neglect, it is clear to the slightest reflection that a remedy may be had against him in law, in the same manner as against an individual neglecting any other obligation whereby his employer incurs loss or damage. The medical profession could not with any justice claim exemption from those responsibilities which all the members of the community incur in every engagement mutually entered upon.

Neither would it be possible for the law to provide for any other method of deciding cases of this nature than by the trial by jury; for though at first there appears to be an absurdity in twelve men, indifferently selected, deciding upon such questions as whether a particular fracture has been properly treated or not, the same objection may be made to a jury-trial of many other questions on subjects apart from usual pursuits, and requiring particular study

for their understanding. It appears but a natural demand to the medical man, that his treatment should be judged by his medical peers; but the patient might object that his claims might not have a fair hearing. One having an action for land-damages against a railroad corporation would hardly be content to submit the decision to a jury of stockholders, although he might be very far from impeaching their integrity in any manner or degree. Reflection will convince us that if these cases are unfortunately brought to the law for decision, it is only by a jury-trial that they can be decided. It will be the object of a part of this report to explain how these difficulties may be avoided, or, if they arise, may be decided elsewhere.

But, while our profession stands in the same position with others regarding the liability and responsibility incurred when the treatment of a case is undertaken, there do exist certain circumstances in its nature, the subjects with which it deals, its practitioners and their relations with their patients, which, if there be the disposition, may give rise to misunderstandings which the patient is only willing to settle in a court of law. Perhaps a consideration of these circumstances may lead to prevention of these misunderstandings, by showing the public the unfairness of demanding so strict an accountability of their physicians, better than any comments upon the flagrant injustice sometimes witnessed in suits of this class.

One circumstance, the chief cause of misunderstanding, and which is peculiar to the medical profession, is the nature of the subjects with which it deals. The results of many cases, both of accident and disease, are very far from a restoration of the patient to his previous condition; this is the consequence of the inevitable imperfection of our science; but it is easy to see that differences may readily arise between the medical man and his patient, as regards the amount of disability which ought to remain after the completion of the treatment. If a difference arise in other branches of business between the employer and the em-

ployed with reference to the performance of a contract, it may be upon a subject where those not specially educated may form a very good opinion; and a resort to the law is the last resort after the failure of every other. Between physician and patient there is apt to be no such possibility of explanation; and a resort to the law may be had in the first instance, without any attempt to a right understanding by simpler means.

There is another difference between the medical and other professions worthy of note, and which should suggest important reflections to the mind of any individual, feeling himself aggrieved in the treatment of his medical attendant. This difference grows out of the nature of the cases under consideration, and perhaps may be best illustrated by an example. If a manufacturer propose the commencement of any great undertaking, he does not necessarily send to the surveyor or engineer resident in his immediate vicinity, and entrust the work to him: he knows, and the surveyor knows, that this work requires great skill on the part of the professional man, — a skill only attainable by long experience in similar undertakings: some person thus qualified is sent for, and the neighbor who is passed over feels no slight in the case.

Now, the medical practitioner in a thinly settled district may be called to a patient, and recognize an accident which would be rare in a populous community; which he never saw, and may never see, treated; in the treatment of which he has had no experience, and the best treatment of which requires a very large experience. He is compelled, however, to undertake this case, and without any sufficient understanding, on the patient's part, of its severity. The injustice of a prosecution for mal-practice, under circumstances like these, is too manifest to be dwelt upon. It nevertheless behooves the members of a community like the one alluded to, to understand that a gross injustice is committed when a practitioner is made to suffer for an unfortunate result in a case of this kind, especially when it

is remembered that no possible remuneration, in case of success, can be any compensation for the anxiety of mind entailed by a case of this gravity, occurring thus singly in a professional life. A practitioner, under such circumstances, should be held to act only to the best of his ability; and his ability should not be measured by that of those whose advantages have been greater, and opportunities larger.

The chief causes for misunderstanding between physician and patient, leading to an appeal to the law, arise, then, out of the nature of the profession, — first, inasmuch as the necessary result of cases is often but imperfect restoration; and, secondly, because many physicians are compelled to undertake every case presenting, without regard to their own wishes, and without the patient's clearly understanding its gravity.

Such possibility of misunderstanding, then, existing between physician and patient, as well as such difficulty of arrangement, without recourse to the law, — which remedy is believed to be imperfect, — it would seem peculiarly the duty of medical men to render to each other mutual support and countenance. For this purpose different codes of medical ethics have been framed, and societies like our own formed for their inculcation; it being always well understood that this mutual support does not extend to shielding the culpable, or preventing the sufferer from real mal-practice from receiving the damages which a court would allow, and which are clearly his due. Such a league would be odious in the eyes of the public; and no body of men, bound by any compact to defend the action of individual members whether right or wrong, would for a moment be tolerated. Such a trade's union could only recoil to the damage of its founders. Only such a union among medical men should be encouraged and maintained as should cause them to be ready to interfere on the side of right, when they saw any possibility or probability of the misunderstandings to which allusion has been made.

Now, it is believed, and the writer of the letter makes distinct reference to the fact, that, unfortunately for the credit of our profession, there often exist among its members, especially in thinly settled districts, where the competition is narrowed to but few individuals, feelings quite the opposite of those which all must agree are so desirable to cultivate.

Perhaps it will not be necessary to point out the extent to which these feelings may be carried by any allusions to particular instances, since a little reflection must show a variety of ways in which, under these circumstances, misunderstandings may be generated, or at least fostered, into open quarrels. From the existence of these inimical feelings among neighboring practitioners, they are each deprived of the advantages of consultation with the other, and perhaps are induced to ignore the gravity of a case, lest the patient, seeking other advice, should fall into the hands of an opponent. If a perfectly good feeling existed between all the practitioners in a locality, then these cases which are now forced upon some one of the number, bringing him only anxiety, would be shared in common; and the patient, even if the result were not favorable, could have no cause for complaint against one where the responsibility has been shared by all. At present it is much to be feared that the practitioner, under these circumstances, is condemned to pursue his solitary and lonely course; the anxiety consequent upon the treatment of any severe case being trebled by the consciousness of being watched by the jealous eyes of rivals, ready to magnify any error to blast his reputation in the eyes of the surrounding public.

It is evident that a medical man could never be cast in a suit for damages, without a certain amount of medical testimony against him; for both judge and jury must rely on this, although they may be unable to appreciate the comparative weight to be given to the opinions of those furnishing it. Now, if flagrantly unjust damages be given, it can only be from *false medical testimony*; the bickerings,

PROCEEDINGS

OF THE

Massachusetts Medical Society.

ANNUAL MEETING.

JUNE 21, 1854.

THE annual meeting of the MASSACHUSETTS MEDICAL SOCIETY was held at the Town Hall, Fitchburg, June 21, 1854, at 10, A.M.; the President in the Chair.

The Secretary read the records of the last meeting, and the names of the Fellows who have joined within the year. The Corresponding Secretary read a letter from the Executors of the late Dr. G. C. Shattuck, informing the Society that a legacy, in value about ten thousand dollars, had been left by will to the Society by the deceased. It being rendered necessary, by the terms of the bequest, that a formal acceptance should be made by the Society, a vote was passed unanimously to that effect.

On motion of Dr. Jones, a Committee, consisting of Drs. Childs, Jeffries, and Green, being nominated by the Chair, was chosen to draw up resolutions expressive of the feelings of the Society on this occasion.

The reports of the Treasurer, and of the Committee appointed to examine his accounts, were then read, accepted, and placed on file.

Dr. Choate, from the Committee on Scientific Communications, in the absence of Dr. Ware the Chairman, made a

verbal report, and stated that, agreeably to the request of the Committee, Dr. Bowditch was prepared to give the results of his examination into the prevalence of Phthisis in the various parts of the State; and that Dr. Morrill Wyman would give an account of his method of operating for Paracentesis Thoracis, and the cases to which such treatment was applicable.

Drs. Metcalf, Choate, and Bowditch, were chosen a Committee to arrange for scientific communications for the next annual meeting.

Dr. Bowditch exhibited a map of the State of Massachusetts, the different towns being variously colored to show the varying prevalence of consumption, being the result of an extensive communication with practitioners of medicine throughout the State; the map claiming only to show the state of medical opinion upon this subject.

On motion of Dr. Bowditch, afterwards amended by Dr. Jarvis, it was voted that a Committee of three be appointed to memorialize the Legislature in reference to existing inaccuracies in the State Registration of Births, Deaths, and Marriages, and to confer with the Secretary of State with regard to the forthcoming publication on this subject. Drs. Bowditch, Jarvis, and Metcalf, were appointed on this Committee.

The Committee on the bequest of Dr. Shattuck reported the following preamble and resolutions, which were unanimously adopted: —

"The Massachusetts Medical Society, having received from the Executors of the will of the late Dr. George Shattuck the annunication of a liberal bequest to the Society, would give expression to those painful emotions which were first occasioned by the intelligence of the death of Dr. Shattuck, and which are now renewed by a recurrence to the loss which has been sustained by his removal.

"This Society remembers with grateful regard the long and faithful services which Dr. Shattuck rendered as a Councillor, and the dignified and upright administration of official duties which he exhibited as President of the Society, and more especially the efficient aid which his hospitality and uncommon liberality has always given to the cause of medical science.

"The Society receives with the deepest emotions of gratitude the last liberal and highly useful benefaction now announced, by which 'he being dead yet speaketh' in the same cheering tones of approval of this Society and its objects, which he uttered when living; and shall ever cherish with affectionate regard the memory of his worth and usefulness.

"*Voted*, That the Massachusetts Medical Society accept the bequest of Dr. George C. Shattuck according to the terms of the will.

"*Voted*, That the above preamble be presented, with the acceptance of the bequest, to the executors of Dr. Shattuck."

Dr. Wyman exhibited an instrument; gave an account of the operation for Paracentesis Thoracis, and the cases in which it is requisite; and showed how great its curative effect may be.

After a short recess, the annual address was delivered by Dr. Workman; and, after adjournment, the Society dined together in the large Town Hall.

S. PARKMAN,
Recording Secretary.

PROCEEDINGS OF THE COUNCILLORS.

OCTOBER MEETING, 1853.

A stated meeting of the Councillors of the Massachusetts Medical Society was held at their room in Phillips Place, Boston, Oct. 5, 1853, at 11 o'clock, A.M.

The following Councillors were present: Drs. Geo. Hayward, J. G. Metcalf, J. Spofford, B. Pond, B. Atkinson, J. Flint, T. Gordon, E. Alden, B. Mann, J. Brown, H. C. Perkins, S. Richardson, T. R. Boutelle, N. B. Shurtleff, E. Hunt, E. Warren, Z. B. Adams, H. P. Wakefield, S. W. Drew, S. G. Burnap, P. S. Kendall, J. P. Jewett, C. Gordon, G. A. Bethune, W. A. Gordon, E. Stone, H. I. Bowditch, H. Bartlett, S. Parkman, C. H. Stedman, J. Ayer, J. W. Robbins, A. A. Gould, Jonathan Ware, B. E. Cotting, A. A. Watson, D. H. Storer, J. Bigelow, C. E. Ware; — the President in the chair.

The records of the last meeting were read.

The Recording Secretary reported the following gentlemen to have joined the Society since the last meeting: —

Dr. Jeremiah Blake	Lowell.
,, Elisha Phelps	N. Attleborough.
,, Benj. M'Clure	Holliston.
,, Geo. A. Blake	,,
,, Geo. L. Lyman	Pittsfield.
,, Ira Allen	Roxbury.
,, Adams Wiley	,,

Dr. Joseph G. S. Hitchcock	Foxborough.
„ Albert W. Clark	Woburn.
„ Nathan P. Rice	Boston.
„ Joaquim A. A. Ribeiro	Brazil.
„ Horatio R. Storer	Boston.
„ John S. Whiting	Charlestown.
„ James Waldock	Roxbury.
„ Samuel C. Blake	Boston.
„ George Nelson	Bellingham.
„ Elisha Barber	Newton Lower Falls.

The Corresponding Secretary presented the reports of the Worcester and of the Hampshire District Societies. — Accepted.

The Corresponding Secretary also presented the report of the Censors of the Suffolk District Society; and with it a letter addressed to the Censors by Dr. Jeremiah Stone, of Provincetown, containing charges against Dr. John L. Lothrop, of Provincetown.

The report was accepted; and, on a motion made by Dr. Bowditch, it was voted, "That the letter and subject be referred to the Barnstable District Society to investigate and report upon at the next meeting of the Councillors."

Also a series of resolutions from the Bristol District Society, in reference to empirics, which, on a motion made by Dr. Perkins, were read.

Also a letter from Dr. Condie, of Philadelphia, in relation to the publications of the American Medical Association, urging the necessity of increasing the number of subscribers.

Also a letter from Dr. Retzius, of Stockholm, acknowledging the receipt of a diploma from the Society.

Dr. Jeffries, Chairman of the Publishing Committee, presented a report containing the following resolutions: —

"1. That the Recording Secretary be authorized and directed to complete an arrangement with the Messrs. Stringer & Townsend to furnish the Society with eight hundred copies of Braithwaite's Retrospect semi-annually,

to be delivered in Boston at a cost of eight hundred and eighty dollars per annum, and for such additional number of copies as the Publishing Committee in conference with the Treasurer shall direct at a future time at a cost not exceeding the above per copy.

"2. That Braithwaite's Retrospect be distributed to those Fellows of the Society only who have paid their dues, and according to a list furnished annually by the Treasurer; and that the distribution be at the expense of the Society."

Report accepted, and resolutions unanimously adopted.

The Committee on Resignations and Delinquencies reported the following cases, and recommend action as follows: —

The following persons to become retired members, being sixty years of age, and having paid their dues, or having paid in part, to the satisfaction of the Committee, viz.: —

William Green	North Falmouth.
George Hooker	Long Meadow.
Amos Farnworth	Groton.
Gustavus D. Peck	Northampton.
Henry Parker	Grafton.
Dean Robinson	West Newbury.
Jonas Guilford	Spencer.
Joseph Warner	Middlefield.
Reuben Champion	West Springfield.

The following persons desire to resign Fellowship, having given up practice, and having in like manner settled their dues, viz.: —

E. W. Greene	now in Rhode Island.
Lucius Wright	Westfield.
William J. Walker	
Joseph Roby	
Artemas Z. Brown	Cambridgeport.

The following persons have requested to be discharged from the Society under the new By-law touching Homœo-

pathic practitioners, whereby their names will be erased from the list of Fellows: —

Isaac Colby	Salem.
Charles Bailey	East Medway.

The following persons have addressed letters to the Councillors or to the Committee, which are referred to the Council: J. O. Phinney, S. C. Hartwell, S. H. Spaulding.

The report was accepted, and the recommendations adopted.

On a motion made by Dr. Watson, and amended by Dr. Jarvis, it was voted, "That a Committee of three be appointed to correspond with the Harpers, publishers of Copeland's Dictionary, and learn if there are any copies of the first, second, and third vols. of Copeland's Dictionary remaining. If there are any, that the Councillors authorize the Committee to purchase such a number as may be necessary to supply those members who have failed to receive them at the time the volume was distributed by the Society. Also that the same Committee be requested to devise some method by which the annual communications may be more promptly distributed."

The following gentlemen were appointed upon this Committee: Drs. Watson, Jarvis, and Alden.

The resolutions relating to Homœopathy, referred to the Councillors by the Society at its annual meeting, were taken up, and, on a motion made by Dr. Adams, were referred to a Committee of five to report upon at the next meeting of the Councillors.

The following gentlemen were appointed upon this Committee, viz.: Drs. Bigelow, Metcalf, M. Wyman, Spofford, and Alden.

On a motion made by Dr. Adams, amended by Dr. Bowditch, it was voted, "That a Committee be appointed to confer with other Societies relative to the obtaining of a building that shall accommodate this Society, and others that may choose to unite with it; said Committee to report at the next meeting of the Councillors."

The following gentlemen were appointed upon this Committee, viz.: Drs. Bowditch, Adams, and Cotting.

Adjourned.

CHARLES E. WARE,
Recording Secretary.

FEBRUARY MEETING, 1854.

A stated meeting of the Councillors of the Massachusetts Medical Society was held at their room in Phillips Place, Boston, Feb. 1, 1854, at 11 o'clock, A.M.

The following Councillors were present: Drs. Geo. Hayward, A. A. Watson, E. Hunt, E. Warren, S. G. Burnap, A. Mackie, B. Pond, A. Chapin, H. P. Wakefield, Z. B. Adams, W. Workman, H. I. Bowditch, D. King, S. Parkman, L. V. Bell, E. Jarvis, T. Rickard, J. Spofford, J. M. Warren, A. A. Gould, J. Bartlett, C. H. Stedman, B. Mann, E. D. Miller, J. Flint, E. Stone, P. M. Crane, Jonathan Ware, T. R. Boutelle, H. Bartlett, M. S. Perry, N. B. Shurtleff, J. Jeffries, B. E. Cotting, H. Dyer, C. A. Savery, J. P. Jewett, H. C. Perkins, D. H. Storer, C. Gordon, S. Whitney, E. W. Carpenter, J. W. Robbins, J. Bigelow, C. E. Ware; — the President in the chair.

The records of the last meeting were read.

The Recording Secretary reported the following members to have joined the Society since the last meeting: —

William H. Page	Boston.
John A. S. Hannity	,,
Algernon Coolidge	,,
Edward B. Everett	,,
Horace W. Adams	,,
Frederic A. Jewett	Abington.
Silas S. Gifford	Attleborough.
—— M'Laughlin	Pittsfield.
Truman W. Rose	,,
C. A. Robertson	Boston.
Edward R. Sisson	New Bedford.

The Corresponding Secretary laid before the Councillors a resolution of the New Hampshire Medical Society in relation to the admission of empirics to the American Medical Association. — Laid on the table.

The following Committees were nominated by the President, and chosen.

On the Treasurer's Accounts — Drs. S. Parkman, E. Hunt.

On the Library — Drs. N. B. Shurtleff, E. H. Clarke.

On a motion made by Dr. Adams, amended by Dr. Bell, it was voted, "That the Recording Secretary be authorized to issue certificates to the delegates to the National Medical Convention, to be held at St. Louis, similar to those which were issued the last year; and that they be distributed in the same way. Also that the President be empowered to give to any delegate going to the next meeting of the American Medical Association one or more blank certificates, which may be given to any member of this Society who may be present at such meeting without credentials. Such certificates, however, not to be given without the consent of the delegates present at the meeting."

Dr. Jacob Bigelow, chairman of the Committee, to whom was referred, at the last meeting of the Councillors, the resolutions of the Essex District Society relating to Homœopathy, also the resolution of Dr. Spofford relating to the same subject, read his report.

After a long discussion of a motion made by Dr. Bartlett, of Concord, that this report be accepted as the report of the Councillors, the following motion was made by Dr. Perkins, of Newburyport, viz.: "That the report be laid upon the table; that it be printed, and a copy sent to each member of the Councillors; and that a special meeting of the Councillors be called to consider it."

On a motion made by Dr. Chapin, of Abington, the question was divided, and a vote taken upon the first clause, "to lay the report upon the table." — Not voted.

After some discussion on a motion made by Dr. Bell, the vote was reconsidered.

The vote was then again taken upon laying the report upon the table. — Voted.

On a motion made by Dr. Watson, it was voted that the annual meeting of the Councillors at Fitchburg be held at 3 o'clock, P.M., instead of the usual hour.

Adjourned.

CHARLES E. WARE,
Recording Secretary.

JUNE MEETING, 1854.

The annual meeting of the Councillors of the Massachusetts Medical Society was held at the Town Hall in Fitchburg, June 20, 1854, at 3 o'clock, P.M.; the President in the the chair.

The following Councillors were present: Drs. George Hayward, John Homans, Aaron Cornish, B. E. Cotting, J. G. Metcalf, Andrew Mackie, B. Carpenter, Edward Jarvis, T. Gordon, Edward Warren, Luther V. Bell, John Jeffries, A. A. Watson, S. G. Burnap, S. Parkman, Charles E. Ware, C. P. Fiske, George Choate, E. Hunt, Alfred Lambert, Augustus Torrey, Nathan S. Babbitt, Henry Tierri, P. T. Kendall, P. M. Crane, J. W. Robbins, J. R. Boutelle, Nathan Allen, A. A. Gould, George A. Bethune, George Choate, Horace P. Wakefield.

The Secretary read the records of the last meeting.

The following gentlemen have joined the Society since the last meeting: —

Noble B. Pickett	Great Barrington.
William O. Bell	North Becket.
J. W. Gamwell	Pittsfield.
Alvan H. Turner	,,
Elisha Williams	,,
Noah Gilman	Deerfield.
William M. Trow	,,
Albert Newman	Attleborough.

Edward G. M'Cormick	Taunton.
Chauncy M. Hulburt	South Dennis.
John Stetson	West Harwich.
C. C. Chaffee	Springfield.
D. P. Smith	,,
E. P. Burgess	,,
William G. Smith	Chicopee.
William Holbrook	Palmer.
A. B. Clark	Holyoke.
E. G. Pierce	,,
John Henry Gilbert	East Weymouth.
Theodore O. Cornish	Neponset.
Edward A. Perkins	Lowell.
F. E. Green	Easthampton.
Edward Hitchcock	,,
John K. Palmer	Boston.
Joseph Manning	Rockport.
John P. Reynolds	Boston.
Joaquim B. Cordeira	Brazil.
William J. Breck	Springfield.
S. F. Wilbur	Boston.
David Choate	Topsfield.
Israel T. Talbot	Boston.
Ahira B. Hoyt	Gloucester.
George D. Calony	Athol.
Jonathan A. White	Baldwinville.
A. G. Craig	Pelham.
Chauncy Adams Wilcox	Uxbridge.
Henry Gilmore	Brookfield.
Edward Layng	Worcester.
Alfred Swift	South Dennis.

The first business in order being the choice of officers, the Recording Secretary read a letter from Dr. Bowditch, declining to be considered a candidate for re-election.

Dr. Mackie and Dr. Watson declined being considered candidates for the re-election to the offices of Vice-President and Librarian respectively.

On a motion made by Dr. Childs, it was voted that a Nominating Committee of one from each district represented, be appointed by the Chair.

The following Councillors were appointed on this Committee, viz.: —

Dr. Bell	Middlesex.
,, Carpenter	Bristol.
,, Lambert	Hampden.
,, Homans	Suffolk.
,, Cornish	Barnstable.
,, Kendall	Worcester.
,, Cotting	Norfolk.
,, Childs	Berkshire.
,, Allen	North Middlesex.
,, Wakefield	South Middlesex.
,, Gordon	Plymouth.

The following list of officers were nominated by the Committee, and unanimously elected by ballot, viz.: —

President	Dr. GEORGE HAYWARD	Boston.
Vice-President	,, JAMES DEANE	Deerfield.
Treasurer	,, A. A. GOULD	Boston.
Corresponding Secretary	,, C. E. WARE	,,
Recording Secretary	,, S. PARKMAN	,,
Librarian	,, J. B. ALLEY	,,

Dr. Watson read a report from the Committee on the distribution of the Society's publications, and proposed the following alterations of the rules: —

To strike out from No. 1 of rules and orders of the Councillors, page 41, line 3, the following words: "And shall be distributed by the Librarian to each Fellow and retired member, and to the honorary members of the Society, by mail or through the medium of the District Societies." Also to strike out from rule 2, line 1, the words "And distributed to those who have paid their dues for the corresponding year," and to insert a new order to be numbered III. in the following words: —

"III. All publications of the Society shall be distributed by the Librarian by mail or through the medium of the District Societies, or otherwise, as each person entitled to receive the same may direct; to Fellows who have paid their dues for the corresponding year, to retired members, and to such honorary members as may apply for them." — Adopted.

The Corresponding Secretary read a letter of invitation from the Hampden District Medical Society to the Councillors, to appoint Springfield as the place for the next annual meeting of the Society.

It was moved by Dr. Hunt, that the next meeting be held at Boston.

After considerable discussion, this was decided in the negative.

It was then moved by Dr. Childs, and voted, that the invitation of the Hampden District Society be accepted.

The nomination of an Orator, an Anniversary Chairman, and a Committee of Arrangements, was then committed to the same Committee of one from each district already appointed.

On nomination by the Chair, the following gentlemen were chosen a Committee of Finance: Drs. S. D. Townsend, B. E. Cotting, and C. P. Fiske.

The following gentlemen were chosen, on nomination by the Chair, to serve on the Committee of Publications; Dr. Jeffries, the Chairman, declining a re-election; viz.: Drs. H. I. Bowditch, J. B. S. Jackson, and C. Gordon.

The following gentlemen were chosen, on nomination by the Chair, to serve on the Committee on Resignations, viz.: Drs. A. A. Gould, D. H. Storer, and N. B. Shurtleff.

The following Fellows, on recommendation of the Committee on Resignations, were permitted to retire from the Society: —

Dr. Joseph B. Walker	East Stoughton.
„ George B. Loring	Salem.
„ Charles H. Peirce	Cambridge.
„ Menzies R. Randall	Rehoboth.

Dr. Peirson T. Kendall, being past the age of sixty, and having paid all his dues, gave notice of his desire to become a retired member.

On motion of Dr. Jeffries, it was voted, "That the thanks of the Councillors be presented to Dr. H. I. Bow-

ditch, for the useful and laborious services rendered by him to the Society while Corresponding Secretary."

On motion of Dr. Jarvis, amended by Dr. Gould, it was voted, "That an alphabetical catalogue of the past and present members of the Society be published."

Dr. Childs, from the Committee of Nomination, reported as follows:—

For Orator	Dr. A. A. Gould	Boston.
For Anniversary Chairman . .	„ W. J. Dale	Boston.

And for Committee of Arrangements, all regular members of the Society in Springfield, in their order of seniority of Fellowship. And these gentlemen were unanimously chosen.

The Treasurer read a list of delinquent members.

On motion of Dr. Parkman, it was voted, "That the thanks of the Councillors and the sum of one hundred dollars be presented to Dr. Gould, the Treasurer, for extra services performed during the past year."

The Corresponding Secretary read a letter from Dr. Stone on the subject of neglect of the Barnstable District Society to notice his complaint against a member of that Society for malpractice, and which had been referred to them by the Councillors.

On motion, this was again referred to the Barnstable District Society.

The Corresponding Secretary presented a printed communication from the Worcester District Medical Society, ending with the following Resolution:—

Resolved, "That the Worcester District Society recommend to the Massachusetts Medical Society an amendment of its twelfth By-law, by inserting in the fifth line thereof, immediately after the word 'Fellows,' the following words: 'or whose practice is based upon an exclusive dogma, to the rejection of the accumulated experience of the profession.'"

It was moved by Dr. Metcalf, that the Councillors do adopt the above alteration of the By-laws.

Pending the discussion, it was moved by Dr. Carpenter, and voted, "That, when the Council adjourns, it adjourns to meet at 9, A.M., to-morrow;" and, on motion of Dr. Child, it was voted that the Council now adjourn.

S. PARKMAN,
Recording Secretary.

ADJOURNED MEETING.

An adjournment of the Annual Meeting of the Councillors was held, June 21, at 9, A.M., in the Town Hall in Fitchburg; the President in the Chair.

After debate, it was voted that the subject of the proposed change of the By-laws, as recommended by the Worcester District Society, be indefinitely postponed.

Adjourned.

S. PARKMAN,
Recording Secretary.

Officers of the Massachusetts Medical Society,

CHOSEN JUNE 21, 1854.

GEORGE HAYWARD	PRESIDENT.
JAMES DEANE	VICE-PRESIDENT.
C. E. WARE	COR. SECRETARY.
S. PARKMAN	REC. SECRETARY.
JOHN B. ALLEY	LIBRARIAN.
A. A. GOULD	TREASURER.

Ex-Officio Vice-Presidents.

VASSAL WHITE.
JAMES DEANE.
ALONZO CHAPIN.
WILLIAM BRIDGMAN.
IRA SAMPSON.
APPLETON HOWE.
ENOCH CROSS.
THOMAS R. BOUTELLE.
EPHRAIM BUCK.
HORATIO THOMPSON.
NATHAN ALLEN.

Censors.

BERKSHIRE DISTRICT MEDICAL SOCIETY. — Drs. J. L. Barker, South Adams; Selden Cady, Lee; George L. Lyman, Pittsfield.

FRANKLIN DISTRICT MEDICAL SOCIETY. — Drs. N. G. Trow, Sunderland; Lucius Cook, Wendell; C. M. Duncan, Shelburn.

MIDDLESEX EAST DISTRICT MEDICAL SOCIETY. — Drs. Benjamin Cutter, Woburn; Moses Parker, Melrose; Horace P. Wakefield, Reading.

HAMPDEN DISTRICT MEDICAL SOCIETY. — Drs. William Bridgman, Springfield; N. Adams, Springfield; A. Smith, Monson; J. L. Chapman, Long Meadow; P. L. B. Stickney, Chicopee.

Bristol North District Medical Society. — Drs. Thaddeus Phelps, Attleborough; Charles Howe, Taunton; James B. Deane, Taunton.

Norfolk District Medical Society. — Drs. Ebenezer Stone, Walpole; Henry Bartlett, Roxbury; Daniel L. Gibbins, Wrentham; Stephen Salisbury, Brookline; Benjamin Cushing, Dorchester.

Essex North District Medical Society. — Drs. E. Cross, Newburyport; H. C. Perkins, Newburyport; T. Kinniston, Haverhill; D. Dana and Josiah Atkinson, Newburyport.

Worcester District Medical Society. — Drs. William Workman, Worcester; John G. Metcalf, Mendon; Alfred Hitchcock, Fitchburg; Joseph Sargent, Worcester; Oramel Martin, Worcester.

Suffolk District Medical Society. — Drs. A. A. Gould, P. M. Crane, William E. Coale, W. W. Morland, Henry W. Williams.

Hampshire District Medical Society. — Drs. Samuel A. Fiske, Northampton; F. Bonney, Hadley; Hervey Orcutt, Westhampton.

Middlesex North District Medical Society. — Drs. N. Allen, Lowell; H. Dickey, Lowell; E. Huntington, Lowell; John Groves, Lowell; N. Cutter, Pepperell.

Essex South District Medical Society. — No returns.

Bristol South District Medical Society. — No returns.

Middlesex South District Medical Society. — No returns.

Plymouth District Medical Society. — No returns.

Barnstable District Medical Society. — No returns.

Officers of the District Medical Societies.

Berkshire District Medical Society. — Dr. Vassal White, Stockbridge, *President;* Dr. N. S. Babbit, North Adams, *Vice-President;* Dr. O. E. Brewster, Pittsfield, *Secretary;* Dr. F. A. Cady, Pittsfield, *Treasurer;* Drs. C. S. Collins, Great Barrington, and N. S. Babbit, North Adams, *Delegates to the Berkshire Medical College.*

FRANKLIN DISTRICT MEDICAL COLLEGE. — Dr. James Deane, Greenfield, *President;* Dr. Chenery Puffer, Coleraine, *Vice-President;* Dr. S. D. Seymour, Greenfield, *Secretary, Treasurer, and Librarian.*

MIDDLESEX EAST DISTRICT MEDICAL SOCIETY. — Dr. Alonzo Chapin, Winchester, *President;* Dr. Joseph D. Mansfield, South Reading, *Vice-President;* Dr. Truman Rickard, Woburn, *Secretary;* Dr. Augustus Plympton, Woburn, *Treasurer and Librarian;* Dr. S. Watson Drew, Woburn, *Auditor.*

HAMPSHIRE DISTRICT MEDICAL SOCIETY. — Dr. William Bridgman, Springfield, *President;* Dr. William G. Breck, Springfield, *Secretary, Treasurer, and Librarian.*

BRISTOL NORTH DISTRICT MEDICAL SOCIETY. — Dr. Ira Sampson, Dighton, *President;* Dr. Thaddeus Phelps, Attleborough, *Vice-President;* Dr. William Dickenson, Taunton, *Secretary;* Drs. Elisha Phelps and James B. Deane, *Librarians.*

NORFOLK DISTRICT MEDICAL SOCIETY. — Dr. Appleton Howe, Weymouth, *President;* Dr. Ebenezer Stone, Walpole, *Vice-President;* Dr. Danforth P. Wight, Dedham, *Treasurer;* Dr. Edward Jarvis, Dorchester, *Secretary;* Dr. A. Le Baron Munroe, Medway, *Librarian;* Dr. Theophilus E. Wood, Randolph, Dr. , Franklin, *Committee of Supervision.*

ESSEX NORTH DISTRICT MEDICAL SOCIETY. — Dr. Enoch Cross, Newburyport, *President;* Dr. E. B. Allen, Lawrence, *Vice-President;* Martin Root, Byfield, *Secretary, Treasurer, and Librarian.*

WORCESTER DISTRICT MEDICAL SOCIETY. — Dr. Thomas R. Boutelle, Fitchburg, *President;* Dr. Moses D. Southwick, Blackstone, *First Vice-President;* Dr. Charles M. Fay, Charlton, *Second Vice-President;* Dr. Rufus Woodward, Worcester, *Secretary;* Dr. Charles W. Whitcomb, Worcester, *Treasurer;* Dr. Henry Clarke, Worcester, *Librarian;* Drs. William Workman, Joseph Sargent, and Benjamin F. Heywood, *Trustees of the Waldo Legacy and Wilder Fund.*

SUFFOLK DISTRICT MEDICAL SOCIETY. — Dr. Ephraim Buck, *President;* Dr. Mason Warren, *Vice-President;* Dr. J. B. Alley, *Secretary;* Dr. N. B. Shurtleff, *Treasurer;* Dr. W. E. Coale, *Librarian;* Drs. Silas Durkee and Z. B. Adams, *Supervisors.*

HAMPSHIRE DISTRICT MEDICAL SOCIETY. — Dr. Horatio

Thompson, Belchertown, *President;* Dr. Samuel A. Fiske, Northampton, *Vice-President;* Dr. James Thompson, Northampton, *Secretary;* Dr. Artemas Bell, Southampton, *Treasurer;* Dr. Daniel Thompson, Northampton, *Librarian.*

MIDDLESEX NORTH DISTRICT MEDICAL SOCIETY. — Dr. Nathan Allen, Lowell, *President;* Dr. H. Dickey, Lowell, *Vice-President;* Dr. C. A. Savory, Lowell, *Secretary;* Dr. N. B. Edwards, Chelmsford, *Treasurer and Librarian;* Dr. J. P. Jewett, Lowell, *Curator.*

ESSEX SOUTH DISTRICT MEDICAL SOCIETY. — No returns.

BRISTOL SOUTH DISTRICT MEDICAL SOCIETY. — No returns.

MIDDLESEX SOUTH DISTRICT MEDICAL SOCIETY. — No returns.

PLYMOUTH DISTRICT MEDICAL SOCIETY. — No returns.

BARNSTABLE DISTRICT MEDICAL SOCIETY. — No returns.

List of Councillors.

BERKSHIRE DISTRICT MEDICAL SOCIETY. — Drs. H. H. Childs, Pittsfield; N. S. Babbit, North Adams; A. S. Church, Great Barrington; Mellen Sabin, Lenox; Selden Jennings, Richmond.

FRANKLIN DISTRICT MEDICAL SOCIETY. — Drs. S. J. W. Taber, Shelburn Falls; Stephen Bates, Charlemont; E. Barton, Orange.

MIDDLESEX EAST DISTRICT MEDICAL SOCIETY. — Drs. Alonzo Chapen, Winchester; Horace P. Wakefield, Reading; Truman Rickard, Woburn.

HAMPSHIRE DISTRICT MEDICAL SOCIETY. — Drs. Jesse W. Rice, Wilbraham; Cyrus Bell, West Springfield; Alfred Lambert, Springfield.

BRISTOL NORTH DISTRICT MEDICAL SOCIETY. — Drs. Dun King, Taunton; Benoni Carpenter, Pawtucket; J. D. Nichols, Swansey.

NORFOLK DISTRICT MEDICAL SOCIETY. — Drs. Henry Bartlett, Roxbury; James A. Stetson, Quincy; Jonathan Ware, Milton; Danforth P. Wight, Dedham; Benjamin Mann, Rox-

bury; Erasmus D. Miller, Dorchester; Benjamin E. Cotting, Roxbury; A. Le Baron Munroe, Medway; Edward Jarvis, Dorchester.

Essex North District Medical Society. — Drs. Seneca Sargent, Lawrence; Benjamin Atkinson, Amesbury; Jeremiah Spofford, Bradford; H. C. Perkins, Newburyport; Walter H. Kimball, Andover.

Worcester District Medical Society. — Drs. John Green, Worcester; Edward Flint, Leicester; Benjamin Pond, Westborough; Thomas R. Boutelle, Fitchburg; Calvin P. Fiske, Fiskedale; James W. Robbins, Uxbridge; J. W. D. Osgood, Templeton; John G. Metcalf, Mendon; William Workman, Worcester; P. T. Kendall, Sterling.

Suffolk District Medical Society. — Drs. Jacob Bigelow, Z. B. Adams, John Jeffries, Samuel Morrill, M. S. Perry, A. A. Gould, C. H. Stedman, John Odin, jun., H. I. Bowditch, Charles Gordon, Charles Chase, Charles E. Ware, P. M. Crane, Horace Dupee, John B. S. Jackson, George Hayward, John Homans, D. H. Storer, A. A. Watson, Ezra Palmer, Henry Dyer, George Bartlett, N. B. Shurtleff, J. Mason Warren, H. G. Clarke, G. A. Bethune, James Ayer, Samuel Parkman, John Flint.

Hampshire District Medical Society. — Drs. Horatio Thompson, Belchertown; Franklin Bonney, Hadley; E. G. Ufford, South Hadley; Israel H. Taylor, Amherst.

Middlesex North District Medical Society. — Drs. Nathan Allen, Lowell; J. C. Dalton, Lowell; Harlin Pillsbury, Lowell; Jonathan Brown, Tewksbury; Elisha Huntington, Lowell; Charles A. Savory, Lowell; Nehemiah Cutter, Pepperell; Jeremiah P. Jewett, Lowell; George Stearns, Groton.

Essex South District Medical Society. — No returns.

Bristol South District Medical Society. — No returns.

Middlesex South District Medical Society.—No returns.

Plymouth District Medical Society. — No returns.

Barnstable District Medical Society. — No returns.

Bind this in here

BY-LAWS

OF THE

MASSACHUSETTS MEDICAL SOCIETY

WHICH HAVE BEEN ALTERED SINCE MAY 29, 1850.

I. A meeting of the Fellows of this Society shall be held on the last Wednesday in May annually, at 10 o'clock, A.M. in such one of the principal towns or cities of the Commonwealth as the Counsellors shall, from year to year, determine, and at such place in said city or town as the Anniversary Chairman shall appoint. But the Councillors shall have power to fix some other Wednesday in the month of May or June for this meeting, in case where the place assigned shall render such a change convenient. Ten members shall constitute a quorum.

Altered Feb. 5, 1852.

XI. Any complaint against any Fellow for a breach of the laws of the Society shall be brought before its annual meeting by the Councillors, and a day shall be fixed for an adjourned meeting of the Society, at which an investigation and decision may be made; and of the time and place of said adjourned meeting, and the charges against him, the accused shall be duly notified by the Secretary, and an opportunity shall be given him for a defence.

Any Fellow of the Society may be punished by

censure or expulsion, or, having resigned his Fellowship, may be deprived of his privileges, by a vote of two-thirds of the Fellows present at the meeting, upon charges of the following description, viz.: —

1. For any gross and notorious immorality, and for any crime of which he may have been convicted.

2. For any attempt to overturn or destroy the Society.

3. For the breach of any By-laws of the Society, for which censure, expulsion, or deprivation of privileges, is made the penalty.

4. For furnishing to any person, or presenting in his own behalf, a false certificate of character and studies as a student of medicine, tending to deceive the public, or the Censors of the Society.

5. For any conduct unbecoming and unworthy an honorable physician and member of this Society.

Altered June 23, 1852.

XII. Any person engaged in the practice of medicine or surgery in this Commonwealth, who has not received such a medical education as is required by By-law III., and any one who shall be guilty of practices forbidden to Fellows, shall be deemed an irregular practitioner; and it shall be disreputable for any Fellow to advise or consult with any such irregular practitioner, or in any way to abet or assist him as a practitioner of medicine or surgery.

Altered June 23, 1852.

XIV. Every Fellow of the Society shall be assessed annually three dollars, one dollar of which shall revert to the Society of the district in which he resides.

Altered May 26, 1853.

XV. The Councillors shall be chosen by the District Societies, at least one week before the annual meeting of the Society; each District Society choosing from among the Fellows residing in that district, as nearly as may be, in the proportion of one Councillor to every eight Fellows.

Altered June 23, 1852.

XXVI. The remainder of the section after the clause, "He shall, in the first week in May," &c., to read, "He shall, on or before the first of January, annually, pay over to the several District Treasurers one-third of the assessments received from members of their respective districts, and shall furnish a list of all assessments remaining due from the members of the Societies respectively, with authority to collect the same, and shall charge the same to him. And he shall perform such other duties as may be assigned to him.

Altered May 26, 1853.

XXXIII. The Treasurer of each District Society shall collect the assessments within his district as soon as may be. He shall, on or before the annual meeting of the Councillors, make a full return to the Treasurer of the Society, of all the assessments charged on his list, with the condition of each, whether paid or unpaid; and transmit the amount collected by him, after deducting five per cent to be retained by him for services, together with such other reasonable charges as he may incur. And such return and remittance shall be a full discharge of the demand created by the charge required in By-law XXVI. He shall also report the deaths and removals which have occurred in the district, and any circumstance respecting the pecuniary abilities of the members which it may be important

for the Treasurer to know. In case any District Treasurer shall neglect to make his return as herein provided, he shall be liable to be proceeded against, according to law, for the whole amount of assessments charged to him on his list, provided the same do not exceed the sum which this Society is authorized by the charter to fix as a penalty for a breach of its By-laws; and, if it should exceed that sum, he may be proceeded against for that sum only, in addition to the amount actually received by him.

Altered May 26, 1853.

XL. All proposals for alteration of By-laws shall be in writing; and no alteration shall take effect, until it has received the concurrent vote of the Councillors and of the Society; and no amendment shall be made on the proposition of either, until ratified by the vote of both. The Society shall consider and act on the subject of changing the By-laws, only on meetings held as adjournments of the annual meeting, and not on the day of said annual meeting.

Altered June 23, 1852.

RULES AND ORDERS OF COUNCILLORS.

A standing Committee of three shall be annually appointed by the Councillors at their first stated meeting, whose duty it shall be to aid and advise the Treasurer in the management of the funds of the Society, especially in relation to the collection and remission of assessments; and that the Treasurer, with said Committee, shall have full power to make remissions to delinquent Fellows in all cases where they find sufficient cause.

Added June 23, 1853.

FELLOWS

OF THE

MASSACHUSETTS MEDICAL SOCIETY.

NOTE.

During the preparation of the following Catalogue, which has cost an unexpected amount of labor, many deaths and removals have been occurring. In the County Lists especially, there are many errors. These have been, for the most part, corrected in the General Alphabetical List.

It is hoped that gentlemen will inform the Secretary of their respective District Societies, or the Corresponding Secretary, of any errors or omissions within their knowledge, in view of the next publication.

FELLOWS

OF THE

MASSACHUSETTS MEDICAL SOCIETY,

ALPHABETICALLY ARRANGED IN COUNTIES.

1848.

ORDER 14. — It shall be the duty of the Secretary of each District Society to communicate to the Corresponding Secretary notice of any changes that may occur in his District by the death or removal of a Fellow of the Society.

The asterisk (*) denotes *deceased*; the dagger (†), *retired members.*

BARNSTABLE.

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1837	Atwood, George	Orleans			
1820	*Ayers, Jason	Truro	1826	1838	78
1845	Bachelor, John	Sandwich			
1810	*Bachelder, Josiah	Provincetown		1829	84
1837	Carpenter, Elijah W.	Chatham			
1829	Cornish, Aaron	Falmouth			
1846	Doane, G. W.	Hyannis			
1841	Dodge, Franklin	Harwich			
1839	Ford, Oliver	Barnstable			
1795	*Freeman, Nathaniel	Sandwich	1814	1827	86
1846	Gould, Samuel H.	Brewster			
1841	Greene, William	N. Falmouth			
1839	Harpur, John	Sandwich			
1783	*Hearsey, Abner	Barnstable		1787	65
1840	Holbrook, Clarendon G.	Dennis			
1846	*Holton, Hiram	Truro		1847	
1840	Jackson, Thomas P.	West Barnstable			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1844	Jenkins, Freeman H.	W. Harwich			
1840	Lothrop, John L.	Provincetown			
1803	†Leonard, Jonathan	Sandwich	1833		
1831	Leonard, Jonathan, jun.	,,			
1844	Mitchell, Jacob	Wellfleet			
1840	Paine, Stephen A.	Provincetown			
1844	M'Cullum, H. E.	Barnstable			
1837	Poole, Alexander	East Dennis			
1844	Russell, Henry	Sandwich			
1817	*Sampson, Joseph	Brewster		1844	
1786	*Savage, Samuel	Barnstable	1820	1831	83
1833	Seabury, Benjamin F.	Orleans			
1846	Shove, George	Yarmouth			
1831	Stone, Jeremiah	Provincetown			
1834	*Tuck, Henry	Barnstable		1845	40
1837	*Wing, Bennet	West Barnstable		1842	

BERKSHIRE.

1837	Babbitt, Nathan S.	Adams			
1837	Babbitt, Snell	,,			
1813	*Barstow, Samuel	Great Barrington		1813	
1816	†Bartlett, Hubbard	Lee			
1813	†Beach, Erastus	Sandisfield			
1825	*Boulton, Thomas	Egremont			
1803	*Brewster, Oliver	Becket		1812	
1825	Brewster, John M.	Pittsfield			
1801	*Burghardt, Hugo	Richmond		1822	52
1848	Cady, Franklin A.	Pittsfield			
1811	Childs, Henry H.	,,			
1840	Clough, Willard, jun.	,,			
1810	†Collins, Daniel	Lenox			
1839	Couch, John W.	Great Barrington			
1816	†Dewey, Luke	West Stockbridge			
1823	*Dorrance, Trumbull	Pittsfield			
1848	Duncan, Samuel	Williamstown			
1838	Ferre, Henry	Dalton			
1816	†Fowler, Royal	Stockbridge	1846		
1837	Guiteau, Coridon	Lee			
1825	†Hodges, Isaac	Adams			
1847	Huntington, Geo. W.	Pittsfield			
1845	Hyde, Alvan	Tyringham			
1839	Jennings, Selden	Richmond			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1804	*Jones, Horatio	Stockbridge		1813	42
1837	Kittredge, Benjamin F.	Hinsdale			
1837	Leavitt, Dudley	West Stockbridge			
1803	*Lewis, Eldad	Lenox	1810		
1837	M'Allister, Charles	Lee			
1785	†Partridge, Oliver	Stockbridge	1803		
1813	*Peet, Edmund C.	New Marlborough		1828	44
1816	*Perry, Alfred	Stockbridge		1838	58
1821	*Phillips, Liscom	Adams		1821	44
1837	Phillips, Henry P.	North Adams			
1845	Picket, Noble B.	Great Barrington			
1837	†Pierce, Enoch	Pittsfield			
1821	*Porter, Alanson	Williamstown			
1816	*Preston, Nathaniel	Sheffield		1826	42
1837	Sabin, Henry L.	Williamstown			
1837	Sabin, Millen	Lenox			
1785	*Sargeant, Erastus	Stockbridge	1814	1814	72
1827	*Sargeant, Erastus	Lee			
1803	*Sheldon, Remember	Williamstown			
1826	†Smith, Samuel	,,			
1808	*Towner, William	Williamstown		1813	
1817	*Tyler, Platt B.	West Stockbridge			
1820	†Tyler, William H.	North Adams	1838		
1825	Welsh, Asa G.	Lee			
1837	†White, Vassall	(Curtisville)Stockbridge			
1781	*Whiting, William	Great Barrington.		1792	63
1813	*Worthington, Charles	Lenox		1840	61
1820	†Worthington, Robert	,,			
1821	*Wright, Oren	Pittsfield		1836	46

BRISTOL.

1839	Archer, Jason H.	Fall River			
1835	Barrows, Ira	Norton			
1833	Bartlett, Lyman	New Bedford			
1839	Bartlett, Francis D.	Dartmouth			
1822	†Bates, Leavitt	Norton	1830		
1781	*Baylies, William	Dighton		1826	84
1812	*Billings, Benjamin	Mansfield	1831	1842	82

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1836	Brown, Artemas Z.	Swansey			
1845	Carpenter, Seba	Attleborough			
1786	*Cobb, David	Taunton	1804	1830	82
1840	Crary, William Henry Allen	Fall River			
1844	Dean, James B.	Taunton			
1843	Gardner, Johnson	Seekonk			
1839	Glazier, Amory	Fall River			
1805	*Godfrey, Jones	Taunton		1831	61
1823	Gordon, William	,,			
1835	Gordon, William A.	New Bedford			
1839	Greene, Edward W.	,,			
1835	Gushee, John H.	Raynham			
1841	Hardy, Benjamin F.	New Bedford			
1843	Hatch, J. H.	N. Attleborough			
1839	Hooper, Foster	Fall River			
1841	Horne, Jeremiah				
1848	Howe, Charles	Taunton			
1838	Hubbard, Levi	Medfield			
1823	*Johnson, Artemas	Seekonk		1827	38
1839	Learned, E. T.	Fall River			
1819	†Leonard, George	Taunton			
1824	Mackie, Andrew	New Bedford			
1819	*Martin, Calvin	Seekonk		1843	
1822	Mason, William B.	Dartmouth			
1830	Mayhew, Julius S.	New Bedford			
1841	Nichols, Jos. D.	Swansey			
1803	*Perry, Samuel	New Bedford		1820	57
1835	Perry, William F.	Mansfield			
1841	Phelps, Thaddeus	Attleborough			
1832	Randall, Menzies R.	Rehoboth			
1816	Read, Alexander	New Bedford			
1843	Sampson, Ira	Dighton			
1841	Savery, Phineas	Attleborough			
1836	Sawyer, Samuel	Fairhaven			
1845	Shiverick, Clement F.	New Bedford			
1839	Sisson, Benjamin B.	Westport			
1821	Spooner, Paul	New Bedford			
1833	Swan, Caleb	Easton			
1846	Sweet, William W.	New Bedford			
1795	*Swift, Foster	Taunton		1835	75
1835	Talbot, Charles	Dighton			
1803	*Ware, George	,,			
1846	Wellington, James Lloyd	Swansey			
1822	Whittredge, William C.	New Bedford			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1841	Wilbur, Thomas	Fall River			
1832	Willard, Henry	,,			
1834	Wood, Alfred	Dighton			

DUKES'.

1831	Lucas, Ivory H.	Edgartown			
1791	*Mayhew Matthew	Chilmark		1806	84
1840	Pierce, John	Edgartown			
1833	Yale, Leroy M.	Tisbury (Holmes' Hole)			

ESSEX.

1807	*Adams, Benjamin	Lynnfield		1811	58
1848	Allen, Daniel S.	Saugus			
1833	Appleton, John	West Newbury			
1832	Atkinson, John	Newburyport			
1835	Atkinson, Benjamin	Amesbury			
1846	Ayer, Washington	Lawrence			
1842	Bacon, Amasa D.	Gloucester			
1844	Barber, Joseph	,,			
1832	*Barker, Charles O.	Lynn		1843	40
1808	†Barstow, Gideon	Salem	1831		
1838	Barstow, Gideon F.	,,			
1838	Batchelder, Jos. C.	Topsfield			
1838	Blaisdell, Clark	Marblehead			
1848	Boutelle, R. K.	Essex			
1834	*Boyd, Isaac	West Newbury		1844	44
1828	Boyden, Wyatt C.	Beverly			
1803	*Bradstreet, Nathaniel	Newburyport		1828	57
1838	*Bradstreet, Edward	Beverly		1844	31
1811	†Briggs, Calvin	Marblehead	1846		
1839	Briggs, James C.	,,			
1847	Brown, Jonathan	Lawrence			
1832	†Brown, William B.	Lynn	1836		
1832	†Brown, Sylvanus	,,	1835		
1839	Brown, Charles H.	Ipswich			
1847	Carey, Milon G.	Amesbury			
1800	*Cheever, Abijah	Saugus	1815	1843	84
1826	Choate, George	Salem			
1835	†Clarke, Francis	Andover	1846		

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1804	*Cleaveland, Nehemiah	Topsfield	1829	1837	77
1804	*Cleaveland, Parker	Newbury	1815	1826	74
1803	*Coffin, Charles	Newburyport	1817	1821	80
1803	*Coffin, William	Gloucester	1823		
1825	*Coffin, Edward L.	Lynn			
1842	Coggeshall, John H.	Marblehead			
1838	Cogswell, George	Bradford			
1845	Colby, Isaac	Salem			
1831	Cox, Benjamin, jun.	,,			
1834	Cressy, Oliver S.	Hamilton			
1847	Cummings, James M.	Salem			
1830	*Dale, Ebenezer	Gloucester		1834	51
1845	Davidson, Herman E.	,,			
1831	*Dodge, Samuel	Wenham		1833	33
1804	*Drury, John	Marblehead		1823	
1835	Farnham, Joseph, jun.	Salem			
1804	*Faulkner, Enoch	Hamilton	1829	1830	63
1782	*Fisher, Joshua, President	Beverly	1823	1833	84
1786	*Flagg, John	Lynn		1793	50
1826	Flagg, Chandler	Marblehead			
1841	Flint, Kendall	Haverhill			
1839	Gale, Stephen M.	Methuen			
1803	*Gardner, James	Lynn		1828	
1825	*Gardner, John F.	Ipswich		1829	35
1847	Gibbs, Charles	Lawrence			
1840	Gile, Daniel	Marblehead			
1832	Gould, Abraham	Lynn			
1843	Grovesnor, Edwin P.	West Newbury			
1830	Grovesnor, John M.	Methuen			
1840	Grovesnor, David A. jr.	Danvers			
1848	Haddock, Charles	Beverly			
1837	Haskell, Benjamin	Gloucester			
1803	*Hazeltine, Richard	Lynn	1835	1836	62
1836	Herbert, Richard	Rowley			
1781	*Holten, Samuel	Danvers		1816	77
1781	*Holyoke, E. A., President	Salem	1827	1829	100
1825	Holyoke, Edward A.	,,			
1845	Howes, Frederick, jun.	,,			
1816	*Howe, Abner	Beverly		1826	47
1813	†Hubbard, Oliver	Salem	1832		
1830	Hunt, Ebenezer	Danvers			
1818	Johnson, Jonathan G.	Newburyport			
1822	Johnson, Samuel	Salem			
1835	Jones, Nathan	Wenham			
1846	Kimball, Walter H.	Andover			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1838	Kinniston, Timothy	Haverhill			
1796	*Kittredge, Thomas	Andover	1818	1818	72
1814	Kittredge, Joseph	,,			
1827	†Kittredge, Ingalls	Beverly	1833		
1830	Kittredge, Ingalls, jun.	,,			
1847	Lamb, William D.	Lawrence			
1837	Lamson, Josiah	Essex			
1803	*Little, Moses	Salem		1811	35
1824	Longley, Rufus	Haverhill			
1848	Lord, Samuel A.	South Danvers			
1831	*Lummus, John	Lynn		1836	46
1840	Mack, William	Salem			
1804	*Manning, Joseph	Gloucester		1811	
1805	Manning, Thomas	Ipswich	1835		
1836	*Manning, John H.	,,		1837	24
1832	Merriam, Royal A.	Topsfield			
1832	†Mighill, David	Georgetown	1846		
1845	Moody, George	,,			
1838	Newhall, Asa T.	Lynn			
1847	Nichols, C. H.	,,			
1811	†Nichols, Andrew	Danvers	1846		
1833	Noyes, Francis V.	Newburyport			
1842	Nye, James M.	Lynn			
1803	*Nye, Samuel	Salisbury	1819	1834	35
1800	*Oliver Benjamin L.	Salem		1835	75
1781	*Orne, Joseph	,,		1786	37
1833	Osborn, George	Danvers			
1785	*Osgood, Joseph	Andover		1797	78
1803	*Osgood, George	,,	1820	1823	65
1803	*Osgood, Joseph	Salem		1815	
1808	†Osgood, George	Danvers			
1830	Osgood, Joseph	,,			
1810	*Parker, Benjamin	Bradford		1845	85
1821	*Parker, Frederic A.	Salem			
1803	*Pearson, Abiel	Andover		1827	71
1821	Peirson, Abel L.	Salem			
1844	Peirson, Edward B.	,,			
1830	Perkins, Henry C.	Newburyport			
1832	Perley, Daniel	Lynn			
1837	Phelps, Eben S.	Middleton			
1803	*Pickman, Thomas	Salem		1817	44
1800	*Prescott, Oliver	Newburyport		1827	65
1841	Prince, William H.	Salem			
1835	Reynolds, Joseph	Gloucester			
1815	Robinson, Dean	West Newbury			
1829	Robinson, Horatio	Salem			
1834	Root, Martin	Byfield			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1785	*Saltonstall, Nathaniel	Haverhill	1813	1815	69
1781	*Sawyer, Micajah	Newburyport		1815	78
1825	† Shed, Joseph	Danvers			
1847	Smith, D. D.	Gloucester			
1817	*Smith, Nathaniel, jun.	Ipswich		1820	
1830	Smith, Isaac P.	Gloucester			
1843	Sparhawk, Thomas	Amesbury			
1804	*Spofford, Amos	Rowley		1806	52
1810	† Spofford, Moses D.	,,	1830		
1817	† Spofford, Jeremiah	Bradford	1847		
1820	Spofford, Richard S.	Newburyport			
1781	*Sprague, Jos.	Newburyport		1784	74
1825	Story, Asa	Manchester			
1781	*Swett, John Barnard	Newburyport		1798	46
1816	*Swift, Nathaniel	Andover	1839	1841	
1804	† Torrey, Joseph	Salem	1829		
1830	Torrey, Augustus	Beverly			
1801	*Treadwell, John D.	Salem	1828	1833	65
1831	Treadwell, John G.	,,			
1806	*Vergnies, Francis	Newburyport	1823	1830	83
1847	Wadleigh, John B.	Haverhill			
1815	Wardwell, Daniel	Andover			
1846	Warren, R. S.	Newburyport			
1847	Wason, Horace	Manchester			
1837	Wheatland, Henry	Salem			
1846	White, Henry O.	,,			
1803	*Whitney, Elisha	Beverly		1807	57
1839	Wildes, Asahel H.	Ipswich			
1848	Williams, William	Salem			
1833	Worcester, Jonathan F.	,,			

FRANKLIN.

1812	*Allen, Joseph	Buckland	1818	1820	59
1822	*Alvord, Helaz	Montague		1825	33
1846	Avery, Samuel F.	Charlemont			
1841	Barton, Edward	South Orange			
1815	† Barton, Parley	Orange			
1815	*Bates, Stephen	Charlemont	1822		
1836	Bates, William R.	,,			
1827	Brooks, John	Bernardstown			
1822	Carpenter, Elijah W.	,,			
1816	*Church, Samuel	Sunderland	1823	1826	70
1825	*Cunningham, Hugh	Shutesbury			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1840	Cooke, Lucius	Wendall			
1824	†Dean, Christopher	Colerain	1846		
1841	Deane, James	Greenfield			
1841	Duncan, Charles M.	Shelburne			
1835	Hamilton, Erastus D.	Conway			
1836	Hamilton, George W.	,,			
1844	Knowlton, Charles	Ashfield			
1842	Morgan, Leonard	Leyden			
1841	Noyes, Bradley	New Salem			
1820	Peck, Gustavus D.	Sunderland			
1817	*Porter, Daniel	Wendell	1823		
1846	Potter, Merrill F.	Charlemont			
1810	*Prentiss, Samuel	Bernardstown		1818	59
1824	*Severance, Robert B.	Shelburne		1830	43
1812	†Smith, Enos	Ashfield	1825		
1814	†Stone, Alpheus F.	Greenfield	1846		
1837	Strong, Simeon E.	Heath			
1822	Taylor, Amos	Warwick			
1841	Thomas, Chester	New Salem			
1847	Vincent, Charles H.	Ashfield			
1822	*Washburn, Seth	Greenfield		1825	34
1785	*Wells, Henry	Montague		1814	72
1841	White, Albert	Shutesbury			
1800	*Williams, William S.	Deerfield	1818	1829	67
1817	Williams, Stephen W.	,,			
1816	*Wing, Eli S.	Leyden		1823	65

HAMPDEN.

1840	Abbott, Jehiel	Westfield			
1847	Adams, Nathan	Springfield			
1841	Alden, Washington B.	Ludlow			
1835	*Baker, Matthew B.	Springfield		1839	30
1835	*Belden, Lemuel B.	,,		1839	38
1846	Bell, Cyrus	West Springfield			
1832	Bemis, David	Chickopee			
1807	*Bigelow, Jesse	Granville		1825	54
1846	*Billings, William W.	Springfield		1848	
1822	*Bliss, Oliver	Long Meadow	1833	1840	68
1785	*Brewer, Chauncey	Springfield	1802	1830	87
1822	Bridgman, William	,,			
1841	Bridgman, John B.	,,			
1812	Champion, Reuben	West Springfield			
1846	Champlin, H. C.	,,			
1841	Champlin, Stephen	,,			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1846	Chapman, Thomas L.	Springfield			
1842	Davis, Amasa	Palmer			
1846	Denison, George W.	Springfield			
1841	De Wolf, T. K.	Chester			
1844	Ellis, Benjamin H.	Springfield			
1837	Fitch, Worham L.	,,			
1812	*Flint, Joseph H.	,,		1846	60
1816	*Frost, Joshua	,,	1829	1832	65
1847	Gray, James H.	Enfield			
1822	Holcomb, Vincent	Granville			
1822	*Holland, James	Westfield		1840	78
1821	Hooker, George	Longmeadow			
1822	Humphreys, Levi W.	Southwick			
1822	†Kibbee, Gideon	Wilbraham	1846		
1816	King, Aaron	Palmer			
1816	*Kingsbury, Samuel	Springfield		1828	46
1848	Lambert, Alfred	,,			
1816	*Lathrop, Seth	West Springfield			
1842	†Lincoln, Asa	Brimfield			
1783	*Mather, Samuel	Westfield	1802	1808	71
1800	*Phelps, Martin	Chester	1809	1838	86
1781	*Pynchon, Charles	Springfield		1783	
1841	Rice, Jesse W.	Wilbraham			
1841	*Shaw, Aaron	Wales		1844	
1811	*Shearer, Jonathan	Palmer	1825	1825	58
1841	Shearer, Marcus M.	,,			
1811	*Sheldon, William	Springfield		1817	54
1842	Smith, Alvan	Monson			
1841	Smith, James M.	Springfield			
1841	†Smith, John	Wales			
1847	Stickney, P. L. B.	West Springfield			
1833	*Stone, John	Springfield		1838	70
1785	*Vanhorn, John	West Springfield	1802	1815	78
1845	Vialle, Henry R.	Springfield			
1845	Wilbur, John R.	,,			
1822	†Williams, Leonard	Chester	1827		
1821	†Wright, Lucius	Westfield			
1841	Wright, Silas P.	Blandford			

HAMPSHIRE.

1846	Allen, Louis	Belchertown			
1828	Barrett, Benjamin	Northampton			
1846	Bailey, Charles	South Hadley			
1842	Bell, Artemas	Southampton			
1819	†Bell, Reuben	Hadley			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1843	Brooks, S. D.	Norwich			
1841	Brown, Timothy H.	Worthington			
1806	*Bryant, Peter	Cummington		1820	50
1848	Chamberlain, Levi	Greenwich			
1817	Clark, Atherton	East Hampton			
1812	†Collins, Daniel	Williamsburgh	1823		
1840	Cooke, Lucius	Wendell			
1815	†Cowles, Chester	Granby	1840		
1815	*Cowles, Rufus	Amherst	1834	1837	70
1804	*Cutler, Robert	,,	1812	1835	86
1813	*Cutler, Isaac G.	,,	1827	1834	52
1834	Denniston, Edward E.	Northampton			
1803	†Dwight, Elihu	South Hadley	1834		
1843	Fisk, Seth	Amherst			
1822	*Goodhue, Josiah	Hadley	1826	1829	70
1822	†Goodman, Otis	South Hadley	1830		
1842	Goodrich, Horace	Ware			
1841	Gray, James H.	Enfield			
1840	Hall, C. A.	Northampton			
1813	*Hastings, John	Hatfield	1834	1845	80
1806	*Holland, William	Belchertown	1823		
1818	†Hooker, William	Westhampton	1827		
1840	†Hopkins, Lewis S.	Northampton	1841		
1806	*Howe, Estes	Belchertown	1821	1826	79
1781	*Hunt, Ebenezer	Northampton		1820	76
1813	*Hunt, David	,,	1833	1837	64
1822	Jones, Bela B.	Southampton			
1781	*Kellogg, Giles C.	Hadley	1786		
1809	*Mather, Wareham	Northampton		1813	
1824	*Mather, Elisha	,,		1840	48
1840	Meekins, Thomas	Williamsburgh			
1837	Orcutt, Hervey	Westhampton			
1831	Peck, Addison S.	Hatfield			
1806	†Porter, William	Hadley	1815		
1845	Richardson, Eben. C.	Ware			
1800	†Seeger, Charles L.	Northampton	1814		
1827	Shaw, Samuel	Plainfield			
1842	Shaw, Washington	Williamsburgh			
1841	Smith, Jonas M.	Amherst			
1840	Stacey, Philemon	Hadley			
1803	*Starkweather, Ezra	Worthington	1813	1835	
1819	*Stickney, Caleb H.	Norwich		1842	85
1811	*Stone, William	Enfield	1823		
1843	Taylor, Israel H.	Pelham			
1840	Thompson, Daniel	Northampton			
1842	Thompson, Horatio	Belchertown			
1839	Ufford, Edward G.	South Hadley			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1835	Walker, Charles	Northampton			
1820	Warren, Joseph	Middlefield			
1810	*Woodbridge, Sylvester	Southampton	1822	1824	70
1833	Woodward, Samuel B.	Northampton			

MIDDLESEX.

1840	Abbott, Josiah, jun.	Marlborough			
1829	Adams, Horatio	Waltham			
1838	Adams, Abel B.	Bedford			
1843	Allen, Charles H.	East Cambridge			
1842	Allen, Nathan	Lowell			
1819	Ames, Ebenezer	Wayland			
1823	*Ballard, William	Framingham			
1808	*Bancroft, Amos	Groton	1835	1848	77
1837	Bancroft, Amos B.	,,			
1789	*Bartlett, Josiah	Charlestown		1820	61
1823	Bartlett, Josiah	Concord			
1833	Bartlett, Elisha	Lowell			
1833	Bartlett, John C.	Chelmsford			
1846	Bartlett, Joseph C.	Somerville			
1846	Barrett, Henry A.	Concord			
1837	Bell, Luther V.	Somerville			
1832	†Bellows, Albert Jones	Charlestown	1848		
1813	*Bemis, Nathaniel	Watertown		1839	56
1834	Bemis, Jonathan W.	Charlestown			
1839	Bemis, Charles V.	Medford			
1844	*Bertram, John	Townsend		1846	
1846	Blanchard, Andrew D.	Malden			
1834	Bradley, Peleg	Dracut			
1839	Braman, Isaac G.	Brighton			
1846	Braun, E. E.	Charlestown			
1819	*Brigham, Daniel	Marlborough	1826	1837	77
1786	*Brooks, John, Pres.	Medford		1825	72
1821	†Brown, Silas	Wilmington	1839		
1832	*Brown, Thaddeus	Billerica		1839	37
1812	*Bucklin, Thomas	Hopkinton		1843	71
1847	Burbank, Oscar	Lowell			
1830	Burnap, Sewall G.	Holliston			
1842	Butterfield, John	Lowell			
1822	*Byam, Asaph	Westford	1828	1838	47
1835	Campbell, Patrick P.	Lowell			
1832	Chandler, Hermon	Stow			
1840	*Chandler, Walcott C.	South Natick			
1834	Chaplin, Charles F.	Cambridgeport			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1847	Chaplin, Daniel	Cambridge			
1808	*Chaplin, James P.	Cambridgeport			
1839	Clarke, Daniel	Lowell			
1845	Clark, Moses	East Cambridge			
1845	Cogswell, William	Georgetown			
1786	*Cuming, John	Concord		1788	60
1843	Currier, William T.	Lexington			
1845	Curtis, Josiah	Lowell			
1845	Cutler, George	Charlestown			
1839	Cutler, William W.	Reading			
1826	Cutter, Nehemiah	Pepperell			
1831	Cutter, Benjamin	Woburn			
1823	Dalton, John C.	Lowell			
1834	Davis, Kendall	Pepperell			
1813	†Dean, Oliver	Framingham	1844		
1839	Dearborn, Abraham D.	Lowell			
1846	Dickey, Hanover	,,			
1847	Edwards, Nathan B.	Chelmsford			
1823	†Eldridge, Hezekiah	Brighton	1836		
1838	Everett, Oliver	Sherburne			
1816	Farnsworth, Amos	Groton			
1805	*Fisk, Joseph	Lexington	1825	1837	85
1821	†Fiske, Timothy	Holliston	1841		
1815	*Foster, Thomas	Cambridge		1829	
1839	French, Nathan	Malden			
1831	*Frost, Edward	Wayland		1838	38
1842	Fuller, Milton	Medford			
1839	Gale, Stephen M.	Methuen			
1803	*Gamage, William	Cambridge	1817	1821	76
1806	†Gardner, Henry	Charlestown	1832		
1846	Gerry, Henry A.	Townsend			
1847	Gibbs, Charles	Lawrence			
1823	†Gould, Daniel	Malden			
1837	Gould, Levi	Wilmington			
1847	Goodenough, Levi	Lawrence			
1832	Graves, John W.	Lowell			
1826	Green, Joshua	Groton			
1827	Green, John O.	Lowell			
1840	*Greenleaf, Moses P.	Newton		1848	31
1820	Grosvenor, David A.	Reading			
1843	Grovesnor, Lucius H.	,,			
1830	Grosvenor, John F.	,,			
1816	*Hagar, Uriah	Waltham		1841	64
1846	Harlow, E. A. W.	Cambridge			
1847	Harlow, J. F.	,,			
1823	†Harris, Th[illegible] W	,,	1838		
1842	Harris, J[illegible]	Hopkinton			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1844	Harris, Jerome	West Cambridge			
1813	*Hart, John	Reading	1829	1836	84
1847	Hartwell, John	Charlestown			
1806	*Haskell, Abraham	Ashby	1824		
1810	†Haskell, Abraham	,,	1826		
1803	*Hay, John	Reading		1815	
1844	Heard, John	Holliston			
1842	†Hedge, Josiah D.	Cambridge			
1806	*Heywood, Abiel	Concord	1835	1839	
1822	*Hildreth, Benjamin W.	Marlborough		1848	
1847	Hildreth, Israel	Dracut			
1831	Hill, Joseph F.	Billerica			
1845	Hill, Reuben W.	Lowell			
1845	Hills, Ebenezer P.	Shirley			
1839	Hitchcock, Alfred	Ashby			
1843	Hobbins, Joseph	Newton			
1848	Holmes, Howland	West Cambridge			
1846	Holt, Daniel	Lowell			
1847	Hooke, Henry M.	,,			
1826	Hooker, Anson	East Cambridge			
1841	Horne, Jeremiah	Lowell			
1827	Hosmer, Hiram	Watertown			
1817	Howe, Zadok	Billerica			
1840	Howe, Estes	Cambridge			
1848	Hoyt, Enos	Framingham			
1840	Hoyt, Otis	,,			
1841	Hoyt, John	Natick			
1837	Hubbard, Levi	Medfield			
1808	†Hunnewell, Walter	Watertown	1840		
1789	*Hunt, Joseph	Concord	1802	1812	
1848	Hunt, Otis E.	Weston			
1839	Huntington, Elisha	Lowell			
1798	*Hurd, Isaac	Concord	1826	1844	88
1824	Hurd, J. Stearns	Charlestown			
1812	†James, Benjamin	Weston	1844		
1803	*Jennison, Timothy L.	Cambridge	1827	1845	85
1839	Jewett, Jeremiah P.	Lowell			
1845	Johnson, Othello O.	Sudbury			
1815	*Kidder, Ashbell	,,	1823	1823	53
1822	†Kidder, Moses	Townsend	1832		
1848	Kidder, Walter	Lowell			
1838	Kimball, Gilman	,,			
1844	Kingsbury, George H.	Framingham			
1809	†Kittredge, John B.	,,	1837		
1802	*Kittredge, Jacob	Billerica	1815		
1816	*Kittredge, Francis	Woburn		1828	46
1822	*Kittredge, Henry	Tewksbury		1847	61

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1824	*Kittredge, Paul	Chelmsford		1845	
1834	Kittredge, Theodore	Waltham			
1845	Kittredge, Floyer G.	Stow			
1782	*Kneeland, Wm. Pres.	Cambridge		1788	56
1834	Leach, J. T. Gilman	Lowell			
1836	*Lee, Thomas G.	Charlestown		1837	28
1846	Little, John	Lowell			
1838	Lyon, Henry	Charlestown			
1810	*Manning, Samuel	Cambridge		1822	42
1843	Mann, Cyrus S.	Lowell			
1832	†Mansfield, George	Waltham			
1841	Mansfield, Joseph D.	South Reading			
1839	Marsh, Austin	Carlisle			
1846	Mitchell, Elbridge K.	West Newton			
1846	Morse, Luther B.	Lowell			
1834	Morse, Julius H.	Charlestown			
1839	Mowe, Daniel	Lowell			
1812	*Mulliken, Isaac	Townsend	1821	1837	85
1826	Nelson, John	Woburn			
1813	†Newell, Jonathan	Stow			
1827	Nichols, Ezra	Newton			
1818	*Oliver, Daniel	Cambridge		1842	54
1821	†Osgood, Benjamin	Westford	1845		
1848	Parker, Charles E.	Pepperell			
1841	Parker, James O.	Shirley			
1825	*Parker, Augustus T.	,,		1843	47
1837	†Parker, Daniel	Billerica			
1838	Parker, Hiram	Lowell			
1839	Perham, Otis	,,			
1834	Pilsbury, John D.	Lowell			
1839	Pilsbury, Harlin	,,			
1844	Piper, J. U.	South Woburn			
1821	*Plympton, Sylvanus	Woburn	1836	1837	79
1826	Plympton, Sylvanus	Cambridge			
1827	Plympton, Augustus	Woburn			
1844	Poland, James	South Reading			
1839	Pratt, Jefferson	Hopkinton			
1781	*Prescott, Oliver	Groton		1804	73
1810	†Preston, Amariah	Bedford	1826		
1812	*Proctor, Charles	Westford		1816	
1781	*Rand, Isaac	Cambridge		1790	72
1848	Ricard, Trueman	Woburn			
1839	Richardson, Samuel	Watertown			
1822	*Richmond, Thomas	Westford		1841	
1825	Russell, George	Waltham			
1846	Sanborn, Joseph C.	Reading			
1842	Scammell, Lucius M.	Hopkinton			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1839	Scribner, Isaac W.	Lowell			
1824	Seabury, Benjamin	Charlestown			
1847	Shackford, Rufus	Lowell			
1839	†Skilton, Benjamin	,,	1843		
1845	Smilie, Elton R.	South Reading			
1819	*Spaulding, Thaddeus	,,		1844	52
1820	Spaulding, Stillman	Lexington			
1825	Spaulding, Stephen H.	Newton			
1844	Spaulding, Miles	Dunstable			
1846	Spaulding, Joel	Lowell			
1784	*Spring, Marshall	Watertown		1818	76
1808	*Starr, Ebenezer	Newton		1830	
1816	*Stearns, Luther	Medford		1820	50
1836	Stearns, George	Groton			
1832	Stevens, William F.	Stoneham			
1837	Stevens, John A.	Charlestown			
1842	Stickney, Aug. G.	Townsend			
1810	*Stimpson, Jeremy	Hopkinton	1817	1818	68
1812	Swan, Daniel	Medford			
1810	*Tarbell, Grosvenor	Lincoln		1822	
1843	Taylor, Israel H.	Pelham			
1806	†Thomas, Calvin	Tyngsborough	1834		
1806	Thompson, Abraham R.	Charlestown			
1820	*Titus, Samuel	Cambridgeport	1828	1834	61
1837	Toothaker, Samuel A.	South Reading			
1782	*Tufts, Simon	West Cambridge		1786	
1847	Underwood, Joseph	Charlestown			
1832	*Valentine, Joseph W.	,,		1838	32
1846	Wakefield, Horace P.	Reading			
1831	*Walker, Charles	Framingham		1839	32
1803	†Walton, John	Pepperell	1842		
1812	*Warren, Isaac	Charlestown			
1832	Warren, Edward	Newton			
1785	*Waterhouse, Benjamin	Cambridge	1802	1847	92
1821	Webster, John W.	,,			
1839	Wells, David	Lowell			
1812	Wellington, Timothy	West Cambridge			
1839	Wellington, W. W.	Cambridgeport			
1817	*Whitcomb, Thomas	Lexington	1828		
1833	Whiting, Augustus	Charlestown			
1827	Whitney, Simon	Framingham			
1826	Whittemore, James M.	Brighton			
1837	Wilder, Abel H.	Groton			
1843	Wilbur, Hervey B.	Lowell			
1825	*Wilkins, George	Holliston		1826	32
1812	†Williams, John	Cambridgeport	1827		
1845	Wormsley, Thomas	Lowell			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1847	Womersley, Henry	Lowell			
1788	*Wyer, Edward	Cambridge		1788	37
1803	*Wyeth, Tapley	Sherburne		1813	48
1837	Wyman, Morrill	Cambridge			
1848	Youngman, David	South Woburn			

NANTUCKET.

1829	Fearing, Elisha P.	Nantucket			
1803	*Gelston, Roland	,,		1829	68
1842	King, John B.	,,			
1836	Ruggles, Nathaniel	,,			
1838	West, Benjamin H.	,,			
1842	Winslow, Charles F.	,,			

NORFOLK.

1810	*Adams, Peter	Stoughton	1827	1832	76
1818	Alden, Ebenezer	Randolph			
1789	*Ames, Nathaniel	Dedham		1822	82
1812	*Aspinwall, Wm. jun.	Brookline		1818	33
1846	Atkinson, Jonah	Wrentham			
1798	*Bartlett, John	Roxbury	1842	1844	88
1831	Bartlett, Henry	,,			
1843	Bailey, Charles	East Medway			
1827	*Briggs, John K.	Dedham		1843	49
1820	Brown, Artemas	Medway			
1819	*Bugbee, Samuel	Wrentham		1841	60
1847	Bugbee, William B.	Quincy			
1833	*Carpenter, Simeon B.	Dedham		1843	42
1836	Chapin, Alonzo	South Abington			
1848	Chase, Albion P.	,,			
1841	Clapp, H. Erastus	Wrentham			
1847	Collamore, Francis	Braintree			
1837	Cotting, Benjamin E.	Roxbury			
1847	Cushing, Benjamin	Dorchester			
1840	Davis, William A.	,,			
1842	Dexter, William P.	Brookline			
1847	Dickeman, Lemuel	Medfield			
1819	*Draper, Abijah	Roxbury		1836	60
1827	Duggan, William B.	Quincy			
1848	Faulkner, George	Jamaica Plains			
1807	Fifield, Noah	Weymouth			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1847	Flint, John Sydenham	Roxbury			
1806	*Fogg, Daniel	Braintree	1818	1830	71
1815	*Foster, Andrew	Roxbury			
1844	Foster, Fordyce	Cohasset			
1840	Foster, James W.	Foxborough			
1841	Foster, Charles F.	Roxbury			
1808	*Gardner, Joseph	Dorchester		1809	28
1843	Gay, Grenville W.	Quincy			
1847	Gibbens, Danl. L. jun.	Weymouth			
1845	Gleason, Charles W.	Braintree			
1823	Harris, Luther M.	Roxbury			
1820	*Hewins, James	Medfield		1846	64
1800	*Holbrook, Amos	Milton	1832	1842	89
1841	Holmes, Christopher C.	,,			
1832	*Howard, John C.	Dedham		1844	
1843	Howard, Frederick	Randolph			
1823	Howe, Appleton	Weymouth			
1837	Hubbard, Levi	Medfield			
1844	Hubbard, Benjamin	Weymouth			
1833	Jarvis, Edward	Dorchester			
1838	Larkin, Lyman B.	Wrentham			
1790	*Le Prilette, Lewis	Roxbury		1805	54
1840	Mann, Benjamin	Foxborough			
1815	†Metcalf, Paul R.	Wrentham	1830		
1804	Miller, Nathaniel	Franklin			
1838	Miller, Erastus D.	Dorchester			
1843	Morse, Horatio G.	Roxbury			
1832	Noyes, Josiah	Needham			
1839	*Parker, Benjamin F.	Roxbury		1844	33
1822	*Phipps, Thos. Quincy	Quincy		1832	46
1837	Pierce, Charles H.	Roxbury			
1813	†Prentiss, Nathaniel S.	,,	1844		
1840	Richards, Jacob, jun.	Braintree			
1804	*Richardson, Abijah	Medmay		1822	70
1809	Robbins, Peter G.	Roxbury			
1832	Rogers, Samuel	,,			
1837	Salisbury, Stephen, jun.	Medway			
1811	*Scammell, John	Bellingham	1822	1844	84
1822	Shurtleff, Samuel A.	Brookline			
1824	Spooner, John P.	Dorchester			
1783	*Sprague, John	Dedham		1797	84
1844	Stanley, S. A.	Bellingham			
1836	Stetson, James A.	Quincy			
1818	Stimson, Jeremy	Dedham			
1815	*Stone, Daniel	Sharon		1842	69
1827	Stone, Ebenezer	Walpole			
1803	†Thaxter, Robert	Dorchester	1847		

Admitted.	Name.	Residence.	Resigned.	Died.	Age
1842	Tirrill, N. Quincy	Sharon			
1847	Train, H. D.	Roxbury			
1838	Tucker, Simeon, jun.	Stoughton			
1781	*Tufts, Cotton, Pres.	Weymouth		1815	84
1822	*Wales, Jonathan	Randolph		1843	65
1847	Walker, Joseph B.	East Stoughton			
1838	Wales, Bradford L.	Randolph			
1841	Wales, Thomas B.	Roxbury			
1829	Ware, Jonathan	Milton			
1837	Weld, C. Minot	Roxbury			
1846	Whitmore, George H.	,,			
1838	Whitney, Samuel S.	Dedham			
1834	Wight, Danforth P.	,,			
1814	Wild, Jonathan, jun.	Braintree		1845	
1826	Wild, Charles	Brookline			
1783	*Williams, Thomas	Roxbury		1815	79
1803	†Windship, Charles W.	,,			
1833	Windship, Charles M.	,,			
1839	Wood, Theophilus	East Randolph			
1844	Woodside, Anthony	Roxbury			
1832	Woodward, Ebenezer	Quincy			
1808	*Wyman, Rufus, Pres.	Roxbury		1843	65

PLYMOUTH.

1829	Alden, Samuel	Bridgewater			
1785	*Barker, Joshua	Hingham		1800	47
1840	Blanchard, Henry B.	Marshfield			
1817	*Boutelle, Caleb	Plymouth		1820	
1839	*Briggs, Lemuel W.	Middleborough			
1812	*Bryant, Philip	N. Bridgewater		1816	84
1841	Bryant, Horatio W.	,,			
1838	Capen, Robert	Hingham			
1836	Chapin, Alonzo	South Abington			
1841	*Champney, John S.	,,		1847	55
1847	Chase, Albion P.	,,			
1842	Clark, Johnson	Bridgewater			
1819	*Collamore, Anthony	Pembroke		1847	60
1812	*Crane, Jonathan	Bridgewater		1814	77
1819	*Cushing, Ezekiel D.	Hanover		1828	38
1839	Doggett, Perez F.	Wareham			
1847	Drake, Eben W.	Middleborough			
1803	*Dunbar, Simeon	West Bridgewater		1810	59
1834	Ellis, Walton N.	Rochester (Sippican)			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1803	*Fearing, Noah	Bridgewater		1824	54
1839	Fiske, Robert T. P.	Hingham			
1806	*Foster, James	Rochester		1811	53
1828	Gordon, Timothy	Plymouth			
1846	Hall, Adino B.	Kingston			
1840	Hammond, Josiah S.	Plympton			
1839	Haskell, Joseph	Rochester			
1822	*Hathaway, Rufus	Duxbury		1822	52
1803	Hayward, Nathan	Plymouth			
1786	*Hitchcock, Gad	Pembroke	1818	1836	86
1844	*Hitchcock, H. D.	Middleborough		1847	
1843	Jackson, Alexander	Plymouth			
1822	James, Elisha	Scituate			
1845	Jones, Alanson S.	Mattapoisett			
1842	Knight, William	Middleborough			
1809	*Lincoln, Levi	Hingham	1827	1829	51
1844	Lockerby, Charles A.	East Bridgewater			
1822	Mackie, Peter	Wareham			
1810	*Macomber, Charles	Marshfield		1835	55
1845	Merritt, Samuel	Middleborough			
1840	Miller, Jedediah	,,			
1845	Millet, Asa	Rochester			
1820	Nichols, Paul L.	Kingston			
1803	†Orr, Hector	East Bridgewater	1840		
1841	Orr, Samuel A.	Bridgewater			
1803	*Otis, Cushing	Scituate	1832	1837	69
1823	†Perry, Nathan	N. Bridgewater	1830		
1839	Perkins, John	Middleborough			
1844	Pratt, Calvin B.	Bridgewater			
1833	*Preston, Hervey N.	Plymouth		1837	31
1846	Robinson, Morrill	Middleborough			
1803	*Shute, Daniel	Hingham	1825	1829	74
1846	Snow, George	Middleborough			
1839	Southworth, Newton	Rochester			
1835	Stevenson, Ezra	Hingham			
1781	*Stockbridge, Charles	Scituate		1806	69
1829	Studley, Jonathan	Hanover			
1821	*Sturtevant, Thomas	Middleborough	1828	1836	69
1839	Sturtevant, George	,,			
1803	*Thatcher, James	Plymouth	1824	1843	90
1803	*Thaxter, Thomas	Hingham		1813	64
1809	*Thaxter, Gridley	Abington	1833	1845	89
1819	Thaxter, Ezekiel	,,			
1833	Thomas, Francis	Scituate Harbor			
1822	*Thompson, Arad	Middleborough		1843	56
1810	*Tilden, Calvin	Hanson		1832	
1837	Underwood, Jonas	Hingham			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1835	Washburn, Nahum	Bridgewater		1842	
1833	Warren, Winslow	Plymouth			
1838	Wells, William R.	Middleborough			
1815	†Whitman, Noah	W. Bridgewater			
1838	Wilde, James	Duxbury			

SUFFOLK.

1844	Abbé, Alanson	Boston			
1841	Abbot, Samuel L. jun.	,,			
1785	*Adams, Samuel	,,		1788	37
1803	*Adams, Samuel	,,	1839		
1824	Adams, Zabdiel B.	,,			
1828	Adams, Edwin	,,			
1847	Ainsworth, F. S.	,,			
1835	Alexander, Andrew	,,			
1846	Alley, John B.	,,			
1848	Andrews, Thomas	,,			
1781	*Appleton, Nath. W.	,,	1794		
1839	Appleton, Benj. B. jun.	,,			
1836	*Ayers, Jason C.	,,		1846	34
1841	Ayer, James	,,			
1841	Bacon, John, jun.	,,			
1825	Baker, George	Chelsea			
1835	Ball, Stephen, jun.	Boston			
1837	Barnard, Charles F.	South Boston			
1832	Bartlett, George	Boston			
1826	*Bartlett, Erastus H.	South Boston		1846	
1809	*Bean, Horace	Boston		1827	54
1836	Bethune, George A.	,,			
1847	Bigelow, George F.	,,			
1844	Bigelow, Henry J.	,,			
1833	BIGELOW, JACOB, Pres.	,,			
1846	Blake, Eli W.	,,			
1816	*Bossuet, Joseph	,,	1820		
1835	Bowditch, Henry I.	,,			
1836	*Bowen, Marcellus	,,		1848	37
1819	†Bradford, William	,,	1839		
1823	*Bradford, Gamaliel	,,	1835	1839	44
1838	Brewer, Thomas M.	,,			
1841	Briggs, William A.	,,			
1803	*Brown, Samuel	,,		1805	36
1844	Brown, Buckminster	,,			
1813	Brown, John B.	,,			
1847	Bryant, Henry	,,			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1818	Buck, Ephraim	Boston			
1839	*Buck, Ephraim, jun.	,,		1847	33
1844	Buckingham, C. E.	,,			
1813	*Buckman, Asa	,,		1827	
1806	*Bullard, Asa	,,		1826	61
1844	Bumstead, Sereno E. D.	,,			
1843	Cabot, Samuel	,,			
1846	Calkins, Charles W.	,,			
1814	Channing, Walter	,,			
1847	Channing, Wm. F.	,,			
1837	Chase, Charles	Chelsea			
1846	Chase, Hiram L.	Boston			
1833	Chickering, Jesse	,,			
1813	*Clapp, Eleazur	,,		1817	31
1814	*Clarke, Samuel	,,		1830	52
1835	Clark, Henry G.	,,			
1836	Clark, Luther	,,			
1847	Clarke, Edward H.	,,			
1846	Cleaveland, Charles D.	,,			
1843	Clough, John	,,			
1843	Coale, William E.	,,			
1843	Codman, Willard W.	,,			
1803	*Coffin, John G.	,,	1828	1829	59
1844	Coffin, William S.	,,			
1835	Coit, Daniel T.	,,			
1848	Coles, Larkin B.	,,			
1846	Comstock, W. W.	,,			
1833	*Cook, Joseph P.	,,		1834	
1834	Cornell, W. M.	,,			
1839	Crane, Phineas M.	East Boston			
1840	Cummings, J. A.	Boston			
1832	†Cunningham, E. L.	,,			
1781	*Curtis, Benjamin	,,		1784	
1840	Dale, William J.	,,			
1848	Dalton, John C. jun.	,,			
1836	Dana, Francis	,,			
1781	*Danforth, S. Pres.	,,		1827	87
1800	*Danforth, Thomas	,,		1817	42
1833	Davenport, Edward J.	,,			
1847	Davis, Charles A.	Chelsea			
1847	Davis, Robert T.	Boston			
1844	Derby, George	,,			
1781	*Dexter, Aaron	,,		1829	80
1818	Dexter, Theodore	,,			
1837	Dix, John H.	,,			
1847	Dixon, Robert	,,			
1803	*Dixwell, John	,,		1834	57

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1823	*Doane, George B.	Boston		1842	49
1831	†Dorr, Clifford	,,	1846		
1846	Downes, Nathaniel	,,			
1846	Drew, E. C.	,,			
1844	Drinkwater, Sydney	Chelsea			
1837	Dupee, Horace, jun.	Boston			
1842	Durkee, Silas	,,			
1830	Dyer, Henry	,,			
1847	Eastham, Charles	,,			
1840	*Eddy, Frederick A.	,,		1847	31
1831	*Ellis, Calvin	,,		1844	41
1781	*Erving, Shirley	,,		1813	54
1785	*Eustis, William	,,	1813	1825	72
1834	Fales, Joseph J.	East Boston			
1830	Fisher, John D.	Boston			
1845	Fisher, Francis W.	,,			
1821	Flagg, Josiah F.	,,			
1796	*Fleet, John	,,		1813	47
1829	Flint, John	,,			
1835	Forsyth, James B.	Chelsea			
1833	*Foster, William E.	Boston		1842	33
1846	Folts, Daniel V.	East Boston			
1843	*Frank, Malte Wm. A.	Boston		1844	
1809	*Gamage, William, jun.	,,		1818	37
1781	*Gardner, Joseph	,,		1788	
1844	Gardner, Augustus K.	,,			
1804	*Gates, Jacob	,,		1839	65
1832	Gay, Martin	,,			
1848	Gay, George H.	,,			
1847	Gersdorff, B. V.	,,			
1847	Gilman, Benjamin F.	,,			
1835	Glover, Lewis J.	,,			
1822	†Goodnow, Peter	,,	1827		
1834	Gordon, Charles	,,			
1808	*Gorham, John	,,		1829	46
1837	Gorham, John W.	,,			
1832	Gould, Augustus, A.	,,			
1834	Gray, Francis H.	,,			
1836	Gray, Thomas, jun.	,,			
1836	*Greene, Henry B. C.	,,		1847	47
1846	Greene, Moses C.	,,			
1833	Gregerson, James B.	,,			
1831	Gregg, Samuel	,,			
1846	Hagar, Joseph S.	,,			
1817	*Hale, Enoch	,,		1848	58
1843	Hall, Edward	,,			
1846	*Hamblin, Samuel	,,		1848	33

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1842	Hammatt, George A.	Boston			
1832	Hanaford, William G.	,,			
1847	Harlow, James F.	,,			
1842	*Hartmann, Frederick	,,		1845	34
1832	Harwood, Daniel	,,			
1840	Hawes, William	,,			
1829	Hayden, John C.	,,			
1784	*Hayward, Lemuel	,,		1821	72
1816	Hayward, George	,,			
1843	Hayward, George, jun.	,,			
1828	† Hayward, Joshua H.	,,			
1843	Head, J. Frazier	,,			
1842	Heaton, George	,,			
1808	*Hemmenway, Samuel	,,		1823	45
1847	Heywood, Charles F.	,,			
1823	*Hildreth, Charles T.	,,		1843	45
1845	Hill, Kimball	,,			
1842	Hinckley, Rufus L.	East Boston			
1847	Hinckley, John W.	,,			
1842	Hoffendahl, C. F.	Boston			
1836	Holmes, Oliver W.	,,			
1790	*Homans, John	,,		1800	47
1820	Homans, John	,,			
1836	Hooper, Robert W.	,,			
1803	*Howard, John C.	,,		1812	37
1832	*Howard, John C.	,,		1844	39
1832	Howe, Samuel G.	,,			
1837	Hubbard, George	,,			
1840	Hyndman, James	,,			
1836	Inches, Herman B.	,,			
1803	Ingalls, William	,,			
1836	Ingalls, William, jun.	,,			
1795	*Jackson, William	,,		1800	35
1802	Jackson, James, Pres.	,,			
1832	Jackson, J. B. S.	,,			
1833	Jackson, Charles T.	,,			
1781	*Jarvis, Charles	,,		1807	59
1803	*Jeffries, John	,,		1819	75
1826	Jeffries, John	,,			
1843	Jones, Joseph S.	,,			
1846	Jones, George S.	,,			
1781	*Kast, Thomas	,,		1820	70
1843	*Kearney, Patrick	,,		1845	40
1830	Keep, Nathan C.	,,			
1846	Kennedy, T. J. W.	,,			
1845	Kneeland, Samuel, jun.	,,			
1832	*Lane, George W.	,,		1833	27

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1838	Kittredge, E. A.	Boston			
1837	Lane, Jonas H.	,,			
1844	*Lane, Alfred A.	,,		1847	39
1840	Lane, J. F. W.	,,			
1846	Lawrence, Wm. R.	,,			
1835	*Leach, Ezekiel W.	,,		1842	30
1843	Lee, Henry S.	,,			
1827	Lewis, Winslow, jun.	,,			
1781	*Linn, John	,,		1793	
1781	*Lloyd, James	,,		1810	82
1834	Lodge, Giles H.	,,			
1844	Loring, George B.	Chelsea			
1846	Lyman, George H.	Boston			
1840	Marston, Ephraim	,,			
1838	Martin, Henry J.	,,			
1848	Martin, Joseph Loyd	,,			
1848	Mattson, Morris	,,			
1847	M'Gowan, John J.	,,			
1847	M'Gowan, Dennis	,,			
1845	M'Crillis, John	,,			
1830	*M'Kean, Joseph W.	,,		1839	38
1844	M'Lellan, F. M.	,,			
1846	Merrill, Jesse	East Boston			
1845	Merrill, Levi	Boston			
1842	Mifflin, Charles	,,			
1840	Mignault, Pierre B.	,,			
1845	Minot, Francis	,,			
1847	Molloy, Patrick E.	,,			
1831	Moriarty, John M.	Deer Island			
1835	*Moriarty, Joseph	,,		1847	36
1842	Morland, William W.	Boston			
1847	Moore, M. Aurelius	,,			
1848	Moore, Edward B.	,,			
1830	Morrill, Samuel	,,			
1845	Newell, Robert W.	,,			
1848	O'Donnell, C. B.	,,			
1833	Odin, John, jun.	,,			
1843	Oliver, Fitz Edward	,,			
1848	O'Neill, Eugene	,,			
1821	Osgood, David	,,			
1826	Otis, George W.	,,			
1829	Palmer, Joseph	,,			
1832	Palmer, Ezra, jun.	,,			
1845	Palmer, Edward D. G.	,,			
1809	†Parker, Thomas J.	,,			
1831	*Parker, Ebenezer, jun.	,,		1833	27
1841	Parker, William T.	South Boston			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1840	Parker, David M.	Boston			
1817	Parkman, George	,,			
1839	Parkman, Samuel	,,			
1844	Parks, George B.	,,			
1848	Parks, Luther	,,			
1811	†Peabody, Nathaniel	,,	1834		
1781	*Pecker, James	,,		1794	70
1832	Perry, Marshall S.	,,			
1818	Phelps, Abner	,,			
1844	Phelps, Charles A.	,,			
1845	Phipps, James M.	,,			
1848	Pitt, William	,,			
1830	Putnam, Charles G.	,,			
1781	*Rand, Isaac, Pres.	,,	1814	1822	80
1800	*Rand, Isaac, jun.	,,		1819	50
1809	*Randall, John	,,		1843	67
1847	Randall, Benjamin P.	,,			
1843	Read, William	,,			
1847	Reedy, Maurice O. K.	,,			
1843	Rees, Robert C.	,,			
1843	Renton, Peter	,,			
1823	Reynolds, Edward	,,			
1839	Richardson, Aaron P.	,,			
1823	*Robbins, Chandler	,,		1836	37
1832	Roby, Joseph	,,			
1844	Russell, Le Baron	,,			
1836	Salter, Richard H.	,,			
1811	Shattuck, G. C. Pres.	,,			
1836	Shattuck, Geo. C. jun.	,,			
1803	*Shurtleff, Benjamin	,,		1847	72
1834	Shurtleff, Nathaniel B.	,,			
1831	Simpson, Paul, jun.	,,			
1847	Slade, D. D.	,,			
1841	Small, Jonathan	,,			
1824	Smith, Jerome V. C.	,,			
1824	*Snow, Caleb H.	,,		1835	39
1833	Snow, Asa B.	,,			
1839	Southard, Alba	South Boston			
1841	Spence, John, jun.	Boston			
1840	Spofford, Charles W.	,,			
1791	*Spooner, William	,,	1828	1836	76
1846	Stacy, Horace	,,			
1830	*Stebbins, John B.	,,		1844	42
1832	Stedman, Charles H.	South Boston			
1836	Stevens, John	Boston			
1845	Stevens, Calvin	,,			
1844	Stevens, Justin E.	,,			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1841	Stevens, Ebenezer	South Boston			
1829	*Stevenson, J. Greely	Boston		1835	36
1847	Stone, James W.	„			
1840	Stone, H. Osgood	„			
1829	Storer, D. Humphreys	„			
1822	Strong, Woodbridge	„			
1832	Sumner, Frederic A.	„			
1841	Taft Augustus C.	„			
1846	Tarbell, John A.	„			
1848	Taylor, Gustavus	„			
1841	Thatcher, Charles	„			
1821	*Thayer, Alexander	„		1830	46
1845	Thayer, David	„			
1844	Thayer, William H.	„			
1809	*Thomas, Joshua	„		1820	54
1845	Thomson, George N.	„			
1844	Thurston, Horace	„			
1847	Tobie, Ira W.	„			
1840	Toomy, John	Chelsea			
1840	Tower, George	Boston			
1785	*Townsend, David	„		1829	74
1820	Townsend, Solomon D.	„			
1844	Townsend, William E.	„			
1846	Trask, James H.	„			
1841	Trull, Samuel	„			
1838	Tucker, Joshua	„			
1843	Tucker, Elisha G.	„			
1845	*Upham, Albert G.	„		1847	
1848	Upham, Jabez B.	„			
1845	*Walker, John B.	„		1848	28
1818	Walker, William J.	„			
1832	Ward, Henry A.	„			
1820	WARE, JOHN, Pres.	„			
1837	Ware, Charles E.	„			
1781	*WARREN, JOHN, Pres.	„		1815	62
1803	WARREN, J. C. Pres.	„			
1836	Warren, J. Mason	„			
1836	Warren, John W. jun.	„			
1831	Watson, Abraham A.	„			
1843	Weld, Moses W.	„			
1846	Welles, Eleazer P.	„			
1826	*Wells, John D.	„		1830	31
1781	*Welsh, Thomas	„	1825	1831	80
1835	*Wheeler, Abner B.	„		1847	36
1781	*Whipple, Joseph	„		1804	48
1847	Whipple, Shilometh S.	„			
1845	White, Robert	„			

Admitted.	Name.	Residence.	Resigned.	Died	Age.
1835	Whitney, Warren, J.	Boston			
1834	*Wigglesworth, Samuel	„		1847	35
1837	*Wiley, Henry G.	„		1844	28
1843	Willard, Francis A.	„			
1832	*Williams, Albert	„		1844	28
1831	Wing, Benjamin F.	„			
1844	York, Jasper H.	South Boston			

WORCESTER.

1806	*Allen, Israel	Sterling		1817	61
1815	*Allen, Luther	„	1822	1837	64
1815	*Allen, Silas	Leominster	1827	1840	78
1822	Andrews, John	Boylston			
1782	*Atherton, Israel	Lancaster	1816	1822	82
1800	*Babbitt, Thomas	Brookfield		1813	51
1843	Babcock, Aaron G.	Worcester			
1810	*Bachelder, Stephen	Royalston		1848	78
1813	*Bagg, Henry	Princeton		1818	
1815	†Ball, Stephen	Northborough	1828		
1847	Bates, Henry G.	Worcester			
1813	*Bates, Anson	Barre		1837	
1844	Bates, George A.	„			
1813	*Beckworth, Elliott	Hardwick		1847	50
1836	*Benedict, Wm. L.	Milbury		1847	
1839	Blood, Oliver H.	Worcester			
1827	Boutelle, Thomas K.	Fitchburg			
1839	Boylston, Ward N.	Princeton			
1838	Brigham, Adolphus	Shrewsbury			
1838	Brooks, Alphonso	Princeton			
1840	Bugbee, Luther	Spencer			
1813	*Bullard, Artemas	Sutton	1830	1842	73
1820	*Bullard, Joseph	Southborough		1839	65
1846	Burdett, George W.	Lancaster			
1836	*Burnett, Joel	Southborough		1845	46
1832	Carpenter, Nelson	Warren			
1841	Carpenter, Henry	Upton			
1833	†Carter, Calvin	Lancaster			
1824	Clark, Shepard	Hubbardston			
1825	*Corey, Jacob	Sturbridge		1837	83
1804	*Cutler, William	Hardwick	1814	1832	78
1839	*Cutler, Charles	Grafton		1840	25
1840	Davis, Henry G.	Milbury			
1816	†Drury, Benjamin	Spencer	1832		
1822	*Estabrook, George	Holden		1846	57

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1827	Fay, Charles M.	Charlton			
1837	Fay, Allen C.	Milford			
1803	*Field, John	Rutland		1815	
1804	†Field, Seth	Brookfield	1837		
1839	Field, Clisson C.	Leominster			
1803	*Fiske, Oliver	Worcester	1825	1837	74
1838	*Fiske, James	Milford		1843	33
1847	Fiske, Calvin P.	Sturbridge			
1804	†Flint, Austin	Leicester	1827		
1820	Flint, Edward	,,			
1813	*Forbes, Seth	Oakham		1814	32
1803	*Foxcroft, Francis	Brookfield	1810	1814	69
1781	*Frink, John	Rutland		1807	
1803	*Frink, John	,,		1811	
1803	*Green, John	Worcester		1808	45
1811	†Green, John	,,			
1819	Green, Daniel	Auburn			
1845	Greene, Samuel F.	Worcester			
1840	Guilford, Jonas	Spencer			
1821	*Harrington, Loammi	Paxton	1832	1840	
1838	Hartwell, Samuel C.	Southbridge			
1838	Hartwell, Samuel	,,			
1822	Heywood, Benjamin F.	Worcester			
1815	*Hodges, Guilford	Phillipston		1816	
1834	Holman, Eliakim A.	Harvard			
1811	*Holmes, Jacob	Leicester		1847	69
1825	*Howard, Abishai	Sturbridge	1832	1844	88
1804	*Howe, Josiah	Templeton	1823	1843	73
1822	Hunting, Amory	Worcester			
1840	Johnson, Henry F.	,,			
1840	Johnson, Joshua J.	Northborough			
1821	*Jones, Asa	Spencer		1827	
1812	*Kendall, Pearson	Sterling			
1824	Kendall, Pearson T.	,,			
1815	*Knowlton, Seth	Shrewsbury			
1804	*Lamb, William	Grafton		1820	
1816	†Lamb, Dan	Charlton	1820		
1844	Leland, Francis	Milford			
1841	Lincoln, Henry	Lancaster			
1838	Lovell, Ephraim	West Boylston			
1806	*Lowe, Abraham	Ashburnham	1823	1834	79
1785	*M'Carty, Thaddeus	Worcester		1802	55
1819	*M'Farland, James	Rutland		1823	
1825	†Marshall, Silas	Templeton	1832		
1831	Marshall, Jonas A.	Fitchburg			
1831	Metcalf, John G.	Mendon			
1842	Mignault, Louis M. F.	Worcester			

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1804	*Miles, Asa	Westminster		1807	
1804	*Munroe, Stephen	Sutton		1831	
1831	Myrick, Lawson	West Brookfield			
1840	Newton, Calvin	Worcester			
1804	*Osgood, Jonathan	Gardner		1822	60
1842	Osgood, J. W. D.	Templeton			
1813	Parker, Amos	Bolton			
1826	Parker, Henry	Grafton			
1839	Parker, David	Gardner			
1818	Parkhurst, William	Petersham			
1835	Partridge, Warren	Princeton			
1837	Peck, William D.	Sterling			
1822	Phelps, Moses	Hubbardston			
1804	*Phillips, Ebenezer H.	Charlton	1818	1840	82
1822	†Pierce, Nathaniel	Lunenburgh	1839		
1839	Pierce, Delano	Grafton			
1821	*Pierson, Silas	Westminster		1824	
1840	Pillsbury, Levi	Fitchburg			
1818	Pond, Benjamin	Westborough			
1821	*Pond, John	Mendon		1824	
1834	Porter, Joshua	North Brookfield			
1842	Porter, Isaac	Charlton			
1846	Proctor, Charles A.	Lunenburgh			
1804	*Rice, Tilley	Brookfield	1821	1824	66
1840	Rising, H. H.	Westborough			
1832	Robbins, Augustus	Holden			
1836	Robbins, James W.	Uxbridge			
1838	Robinson, Erastus	Northbridge			
1840	Safford, Charles G.	Rutland			
1840	Sargent, Joseph	Worcester			
1839	Saunders, William S.	Sturbridge			
1829	†Seabury, John	,,			
1822	*Smith, John M.	Southborough		1847	
1837	*Smith, Chandler	Worcester		1843	40
1838	Smith, David S. C. H.	Sutton			
1804	*Snow, Peter	Fitchburg	1824		
1804	*Spooner, Mason	Templeton	1816		
1810	*Stone, Ephraim	Harvard	1838	1839	
1832	Stone, Joseph	Hardwick			
1840	Stone, William P.	Ashburnham			
1841	Symonds, George W.	Lancaster			
1838	Taylor, Samuel	Petersham			
1839	Tenney, John W.	Webster			
1845	Tenney, James A.	Worcester			
1839	Thompson, John L. S.	Lancaster			
1843	Thornton, William	Grafton			
1811	*Thurber, Daniel	Mendon	1831	1836	70

Admitted.	Name.	Residence.	Resigned.	Died.	Age.
1839	*Wardwell, Stephen H.	Hardwick		1845	59
1841	Wheeler, Edward M.	Paxton			
1812	*Wheelock, Silas	Shrewsbury		1817	48
1834	White, John	Westminster			
1821	Wilder, Charles W.	Leominster			
1826	Wilder, Abel	Mendon			
1785	*Willard, Samuel	Uxbridge		1811	63
1821	*Willard, George	,,		1847	58
1838	Wood, Ezekiel	Douglas			
1831	Workman, William	Worcester			
1813	*Young, Samuel	Harvard		1845	65

HONORARY MEMBERS

ARRANGED IN THE ORDER OF ELECTION.

Date of Election.	Name.	Residence.	Died.	Age.
1783	*Cutter, Ammi Ruhamah	Portsmouth	1815	81
1783	*Jackson, Hall	,,	1797	58
1783	*Brackett, Joshua	,,	1802	69
1785	*Cutler, Manasseh, Rev.	Hamilton, Mass.	1823	80
1786	*Wyer, Edward	Halifax, N. S.	1788	37
1787	*Morgan, John	Philadelphia	1789	53
1787	*Rush, Benjamin	,,	1813	67
1787	*Shippen, William	,,	1808	74
1787	*Kuhn, Adam	,,	1817	75
1787	*Jones, John	New York	1791	62
1787	*M'Knight, Charles	,,	1790	40
1787	*Crosby, Ebenezer	,,	1788	
1790	*Paine, William	Salem, Mass.	1833	83
1790	*Beardsley, Ebenezer	New Haven, Con.		
1790	*Hopkins, Lemuel	Hartford, Con.	1801	50
1790	*Osborn, John	Middletown, Con.	1825	84
1792	*Lettsome, John C.	London		
1792	*Bowen, Pardon	Providence, R. I.	1826	69
1792	*Senter, Isaac	Newport, R. I.	1799	45
1796	*Symmes, James	London		
1796	*Spaulding	New Haven, Con.		
1796	*Mason, Benjamin	New York		
1796	*Easton, Benjamin	,,		
1796	*Duncan, Andrew	Edinburgh	1832	
1796	*Wistar, Caspar	Philadelphia	1818	56
1801	*Willard, Elias	Albany	1827	72
1805	*Tenney, Samuel	Exeter, N. H.	1816	55
1807	*Vaughan, Benjamin	Hallowell, Me.	1835	81
1809	*Smith, Nathan	New Haven, Con.	1829	67
1810	*Jones, George	Savanah	1838	
1811	*Hosack, David	New York	1835	66
1811	*Miller, Edward	,,	1812	51

Date of Election.	Name.	Residence.	Died.	Age.
1812	*Cogswell, Mason F.	Hartford, Con.	1830	69
1814	*Cooper, Sir Astley	London	1841	73
1814	Farre, John R.	"		
1817	*Kollock, Lemuel	Savannah, Ga.	1823	57
1817	*Green, Peter	Concord, N. H.	1829	82
1817	Wylie, Sir James	St. Petersburg		
1823	Lobstein, I. F. Daniel	Strasburg		
1830	Chervin, Nicolas	Paris		
1830	Civiale, J.	"		
1830	Lisfranc, J., Baron	"		
1830	*Delpech, T., Prof.	Montpelier, France		
1830	Boott, Francis	London		
1830	Stevens, Alexander H.	New York		
1830	Perkins, Cyrus	"		
1830	*Hubbard, Thomas	New Haven, Con.	1838	63
1830	Mussey, Reuben D.	Cincinnati, O.		
1830	*Pierrepont, James H.	Portsmouth, N. H.	1839	71
1830	Spaulding, Matthias	Amherst, N. H.		
1830	Fargues, Thomas	Quebec		
1830	*Le Tessière	"		
1830	Nelson, J.	Montreal		
1830	Robertson, William	"		
1830	Almon, William	Halifax, N. S.		
1832	De Ferman, M.	Paris		
1833	Andral, G.	"		
1833	Louis, P. Ch. A.	"		
1833	Clarke, Sir James	London		
1834	Maunoir, J. P.	Geneva, Switzerland		
1836	*Physick, Philip Syng	Philadelphia	1837	70
1836	Chapman, Nathaniel	"		
1836	Jackson, Samuel	"		
1836	Horner, William E.	"		
1836	Hewson, Thomas T.	"		
1836	Mott, Valentine	New York		
1836	Cheeseman, John	"		
1836	Delafield, Edward	"		
1836	Potter, Nathaniel	Baltimore		
1836	Hall, William	"		
1836	Smith, Nathan R.	"		
1836	Dunglison, Robley	Philadelphia		
1836	*Geddings, E.	Charleston, S. C.		
1836	Simons, Benjamin B.	"		
1836	Whittredge, Joshua B.	"		
1836	Holbrook, John	"		
1836	Drake, Daniel	Louisville, Ky.		
1836	Silliman, Benjamin	New Haven, Con.		

Date of Election.	Name.	Residence.	Died.	Age.
1836	Dudley, Benjamin W.	Lexington, Ky.		
1836	*Sewall, Thomas	Washington, D. C.	1845	58
1836	*Oliver, Daniel	Boston, Mass.	1842	54
1836	Picton, J. M. W.	New Orleans		
1836	Luzemburgh, Henry	,,		
1836	Osgood, Daniel	Havana, Cuba		
1836	Caldwell, Charles	Louisville, Ky.		
1836	Hodgkin, Thomas	London		
1836	Stanley, James	,,		
1836	Breen, John	Dublin		
1837	Hildreth, S. P.	Marietta, Ohio		
1837	Miner, Thomas	Middletown, Con.		
1837	Parsons, Usher	Providence, R. I.		
1837	Hastings, Charles	Worcester, Eng.		
1838	Twitchell, Amos	Keene, N. H.		
1838	Portal, Placido	Palermo, Sicily		
1838	Ives, Eli	New Haven, Con.		
1838	M'Clennan, George	Philadelphia		
1839	Hall, Marshall	London		
1848	Miller, Lewis L.	Providence, R. I.		
1848	Crosby, Josiah	Manchester, N. H.		

REMOVED FROM THE STATE.

Adm.	Name.	Removed			Died.	Age.
		From	To	When.		
	Adams, Willard					
1836	Allen, Frederick	Roxbury	Hallowell, Me.	1838		
1846	Allen, Ebenezer B.	Belchertown				
1820	Arms, Willard	Northfield	Brattleboro', Vt.	1827		
1842	Arndt, Peter S.	Pittsfield				
1822	*Austin, Benjamin	Brighton	Texas	1835	1839	46
1844	Bacon, Alvan	Boston	Maine	1847		
1840	Baker, John	Lowell				
1840	Bailargeon, P.	Boston	Quebec	1840		
1844	Ball, Benjamin L.	Boston	China			
1846	Ball, Josiah	Fall River				
1838	Barrett, Solomon	Wendell	New York	1839		
1849	Barstow, William	Roxbury	California	1849		
1821	Bartlett, John S.	Boston	New York	1823		
1840	Batchelder, Daniel H.	Beverly				
1836	Bates, William R.	Charlemont	New York			
1813	Bennett, Asahel	Sheffield	Auburn, N. Y.	1815		
1839	Bigelow, Henry	Worcester	Maine			
1844	Biunde, Enrigo	Salem				
1842	Bonney, Wm. P.	Fall River				
1841	Bridgman, John B.	Springfield	California	1849		
1839	Briggs, Lemuel W.	Middleborough	Bristol, R. I.	1840		
1830	Brigham, Amariah	Greenfield	Hartford, Ct.	1832		
1841	Bryant, Horatio	Blandford				
1817	Bryant, Ira	Cummington	Illinois			
1804	Buel, William	Sheffield	Litchfield, Ct.	1815		
1839	Bugard, Bertrand F.	Boston	Hayti	1839		
1812	*Burbank, Asa	Lanesborough	Albany, N. Y.	1820	1829	
1834	Butler, John S.	Boston	Hartford, Con.			
1845	Carter, John S.	Boston				
1839	Chandler, George		New Hampshire			
1816	Chapin, Caleb	Bernardstown	New York	1818		
1846	Chapman, Thomas L.	Springfield	California	1849		
1840	Chase, Francis H.	Pittsfield				
	Chase, J. B.					
1819	Childs, Ebenezer	Shelburne	Genessee Co. N. Y.	1827		
1840	Childs, Wm. S.	Pittsfield				
1832	Choate, Charles	Boston	La Harpe, Ill.	1838		
1839	Clapp, Sylvanus	Chesterfield				
1839	Clarke, Daniel					

Adm.	Name.	Removed			Died.	Age.
		From	To	When.		
1804	Clark, Hezekiah	Lanesborough	Pompey, N. Y.	1807		
1822	Clark, Job	Westfield	Ravenna, Ohio	1830		
1830	Clark, Joseph	Boston		1831		
1846	Cleveland, Charles D.	Boston	California	1849		
1816	Clesson, Samuel	New Salem	Sodus Bay, N. Y.	1833		
1847	Cobb, Elijah	New Bedford				
1842	Coggeshall, John H.	Marblehead	Maine			
1839	Collyer, Robert H.					
1822	Cooley, Dennis	Deerfield	Washington, Mic.	1824		
1825	Culver, Charles	Becket	Chatham, N. Y.	1829		
1821	*Dana, James F.	Cambridge	New York	1821	1827	33
1830	*Davis, Edward G.	Boston	Philadelphia	1833	1839	35
1847	Davis, Robert T.		Maine			
1838	De Chene, F. G. F. M.	Springfield		1840		
1816	Delamater, John	Sheffield	Fairfield, N. Y.	1829		
1841	Delano, John A.	Amherst	Illinois			
1846	Desaulniers, L. L. L.	Boston	Nova Scotia			
1836	Dewar, Henry A.	Boston	Cincinnati, Ohio	1838		
1831	Dickenson, Edward	Northampton	Philadelphia	1833		
1846	Dickinson, S. F.	Pittsfield				
1835	Dorrance, Gardner	Amherst				
1838	Dorr, Joseph H.	Roxbury				
1834	Dwight, William W.	Boston	New York	1835		
1839	Eaton, Albert E.	Boston				
1817	Eldridge, Micah		Nashua, N. H.	1827		
1815	Elliot, Moses H.	Haverhill	U. S. Army	1820		
1836	Fish, Samuel	Cambridge	Ohio			
1837	Fletcher, Madison	Pittsfield		1839		
1837	Fletcher, Moore R.	Boston				
1829	Flint, Joshua B.	Boston	Louisville, Ky.	1838		
1835	Flint, Austin	Northampton	Buffalo, N. Y.	1836		
1847	Fogg, David S.					
1839	Ford, James W.	Lowell	New Hampshire			
1848	Francis, T. E.					
1842	French, Otis E.	Boston				
1839	Foster, Joseph H.	Boston	New York	1839		
1810	Foster, Josiah D.	Boston	U. S. Army			
1808	Fox, Abel	Charlestown	Savannah, Ga.	1814		
1809	*Frink, Hervey	Northampton	New York	1812	1815	
1832	Gale, Levi B.					
1838	Gallup, William	Concord	New Hampshire			
1831	Gates, Samuel	Rutland	Ohio	1838		
1839	Gerry, Samuel R.	Marblehead	South America	1840		
1848	Gilman, B. F.	Boston				
1822	Goodwin, Jacob	Reading				
1819	Green, Daniel					
1839	Guay, Benoni	Boston	Quebec, L. C.	1839		
1846	Hagar, Joseph S.	Boston	California	1849		
1819	Hall, Eli	Blandford	East Hartford, Ct.	1839		
1843	Hall, Edward	Boston	New York	1847		
1825	Hart, Samuel	Beverly	Syracuse, N. Y.	1828		
1842	Haskell, J. Summer	Deerfield				
1845	Haszard, Albert A.	Boston				
1815	Hawes, Russell L.	Worcester				
1843	Head, J. Frazier	Boston	U. S. Army			
1836	Herbert, Richard	Rowley				

Adm.	Name.	Removed From	To	When.	Died.	Age.
1832	Higginson, Francis J.	Boston	Brattleboro', Vt.	1837		
1822	Hildreth, Israel, jun.	Dracut				
1837	Hill, George	Williamstown				
1832	Hook, Edward W.	Boston	Bangor, Me.	1833		
1844	Holland, Josiah G.	Springfield	Vicksburg			
1844	Holman, Jonas W.	Boston	Maine			
1838	Hoyt, George		Rhode Island			
1812	James, Daniel	Pittsfield	Albany, N. Y.	1813		
1816	James, John	Pittsfield	Albany, N. Y.			
1830	Jennison, John	Northampton		1830		
1840	Johnson, John B.	Fairhaven				
1846	Kimball, Walter H.	Andover				
1839	Kimball, William M.					
1846	King, Absalom P.					
1830	*Kittredge, Benjamin	Salem	Little Rock, Ark.	1837	1839	45
1833	Kittredge, Josiah	Boston	Nashua, N. H.	1837		
1834	Kittredge, Theodore	Waltham	Bath, Me.	1839		
1834	Knight, Addison	Leicester		1840		
1844	Knight, William	Northborough				
1846	Lacerte, Elie	Boston				
1839	Ladd, Azell P.	Westport	Iowa			
1840	Lee, John Stevens					
1811	Le Baron, Lemuel	Rochester	New York	1823		
1844	Le Prohon, Edw. P.	Boston	Montreal			
1835	Loud, Watson	Hadley	La Peer, Mich.	1840		
1817	*Lovell, Joseph	Boston	Washington, D. C.		1836	48
1840	Lyman, Jonathan H.	Enfield	South America			
1817	Lyon, Joel	Gill				
1833	Mallary, Zalmar	East Hampton	Ohio	1835		
1840	Mann, Daniel	Boston				
1803	*Mann, James	Wrentham	New York			
1845	Manning, Peter	Lowell	New Hampshire			
1837	Mansur, Moody	Lowell	Texas	1839		
1846	Martin, Henry Austin					
1813	*Miller, Caleb	Rehoboth	Bristol, R. I.	1816	1826	40
	Mitchell, Jacob	Wellfleet				
1837	Miner, Thomas	W. Stockbridge		1839		
1819	Moore, Francis	Brighton	Eaton, N. Y.	1826		
1832	Nichols, Adams		Illinois			
1847	Nichols, C. H.	Salem				
1820	Niles, Nathaniel	Boston	Paris, France	1823		
1825	Nims, Reuben	Hancock	Vermont	1828		
1840	Oliver, Nathan W.	Boston	Portsmouth, N. H.			
1813	Osgood, Joseph O.	Amesbury		1818		
1838	Palmer, Isaac	Boston		1838		
1810	Parker, Benjamin	Bradford		1819		
1835	Parker, Willard	Pittsfield	New York	1837		
1836	Parkhurst, Chester					
1836	Parkhurst, Gurdon R.					
1824	Parsons, Thos. W.	Boston	Europe			
1817	Parsons, Usher	Boston	Providence	1820		
1833	Partridge, O. H.	Truro	Philadelphia	1836		
1814	Payson, William	Foxborough	Maine	1821		
1830	Peck, Gardner M.	Foxborough	New York	1834		
1816	Perry, Freeman	Fairhaven	Fairhaven, Ind.	1817		
1841	Phinney, Erastus O.	Boston				

Adm.	Name.	Removed From	Removed To	Removed When.	Died.	Age.
1829	Phinney, Sturgis	New Bedford	New York	1825		
1847	Plympton, Daniel B.		Connecticut			
1832	Porter, Moses, jun.	Hadley	Illinois	1835		
1835	Prescott, Jonathan C.	Concord	New Hampshire	1839		
1837	Prescott, Joseph	Northampton				
1833	Prescott, William	Lynn	Concord, N. H.	1846		
1835	Porter, John	Duxbury				
1846	Potter, Merritt	Franklin				
1833	Proctor, Alpheus	Boston	Bangor, Me.	1835		
1828	Proctor, Leonard	Lexington	Michigan City, In.	1835		
1814	*Revere, John	Boston	New York	1816	1847	60
1837	Richardson, Wm. P.					
1816	Rogers, Benjamin	G. Barrington	Connecticut	1839		
1843	Rosenstein, John G.	Boston				
1819	Sargeant, James	Marblehead	U. S. Army	1826		
1835	Schuster, Bertram C.	East Dennis	Ohio	1840		
1820	Sears, Thomas	Peru	Vermont			
1833	Seaton, Ambrose	Boston	Illinois	1839		
1841	Seymour, George	Springfield				
1812	*Sewall, Thomas	Essex	Washington, D. C.	1820	1845	
1835	Sheldon, Benjamin	Hatfield	Cleveland, Ohio	1837		
1825	Smith, Lyndon A.	Williamstown	Newark, N. J.	1830		
1836	*Smith, Albert T.	Boston	New Jersey	1837		
1836	Smith, Nathaniel	Colerain				
1837	Spaulding, Reuben	Haverhill	Brattleboro', Vt.	1839		
1836	Spear, Martin	Dedham	New York	1837		
1811	Sprague, Lawrence	Newburyport	Hallowell, Me.	1820		
1844	Stewart, Thos. H.	Springfield				
1843	Stillwell, C. S.	Lancaster	New York			
1847	Stimson, Edward	Dedham	New York			
1841	Stone, Henry O.	Boston	Concord, N. H.			
1838	Stone, James, jun.	Salem				
1824	Stone, Jonathan	Canton	Rock River, Ill.	1839		
1838	Stone, John O.	Salem	New York	1839		
1831	Strong, Maltby	S. Hadley	Rochester, N. Y.	1834		
1837	Strong, Simeon E.	Heath	Maine			
1836	Sullivan, James	S. Hopkinton	St. Louis, Mo.	1838		
1846	Sweat, William	New Bedford	Portland, Me.	1849		
1834	Swett, Samuel B.	Boston	New York	1837		
1822	Sweetser, William	Boston	Brooklyn, N. Y.	1838		
1834	Swift, George B.	Milton	Nashua, N. H.	1839		
1830	Swift, Paul	Nantucket	Philadelphia			
1837	Thomas, Philan. H.	Hancock	Stevenstown, N.Y.			
1832	*Thompson, Thos. H.	Boston	Apalachicola, Fl.	1836		
1832	Thornton, William	Grafton		1837		
1837	Tibbets, Hiram B.	Boston	New Orleans, La.	1837		
1837	Ticknor, Benajah	Charlestown	U. S. Navy			
1834	Towle, Nathaniel C.	Lynn	Washington, D. C.	1834		
1834	Tremain, Edward T.	Lancaster	Ohio	1835		
1817	*Trevett, Samuel R.	Boston	U. S. Navy	1832	1832	49
1838	Tucker, Nathaniel S.					
1841	Tuckerman, J. F.	Chelsea	Washington, D. C.			
1827	Ward, Malthus A.	Salem	Illinois	1831		
1846	Warren, G. A.					
1840	Washburn, Lem. W.	New Bedford	Tahiti			
1811	Weld, Elias	Haverhill	Hallowell, Me.	1823		

Adm.	Name.	Removed			Died.	Age
		From	To	When.		
1824	Wells, Phineas P.	Roxbury	Brooklyn, N. Y.			
1804	*Wells, Richard	Conway		1806		
1838	Wells, Thomas T.	New Bedford	Troy, N. Y.	1839		
1837	West, Samuel	New Bedford	Tiverton, R. I.	1838		
1838	West, Benjamin H.	Nantucket	N.Providence, R.I.	1839		
1843	Weymouth, A. L.	Salem				
1839	Wheeler, Elbridge G.	Hopkinton				
1837	Wheeler, Lewis	Pittsfield		1839		
1838	Wheelock, Albert T.	Roxbury	Hallowell, Me.	1838		
1838	Wheelwright, C. H.	Boston	U. S. Navy	1838		
1839	Whittemore, Lloyd	Scituate	New York	1839		
1842	Williams, Avery	Lanesborough				
1831	Williams, Jacob	Groton	Deerfield, N. H.			
1831	*Wood, James	Boston	Georgia	1834		
1832	Worcester, I. R.	Leicester	Littleton, N. H.	1837		
1837	Wright, John H.	Springfield	U. S. Navy	1838		
1839	*Yates, Christopher C.	Boston	Albany, N. Y.	1839		
1837	Young, Richard S.	Boston				

GENERAL ALPHABETICAL LIST.

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1844	Abbé, Alanson	Boston			
1841	Abbot, Samuel L. jun.	,,			
1840	Abbott, Jehiel	Westfield			
1840	Abbott, Josiah, jun.	Marlborough			
1838	Adams, Abel B.	Bedford			
1807	*Adams, Benjamin	Lynnfield		1811	58
1828	Adams, Edwin	Boston			
1829	Adams, Horatio	Waltham			
1847	Adams, Nathan	Springfield			
1810	*Adams, Peter	Stoughton	1827	1832	76
1785	*Adams, Samuel	Boston		1788	37
1803	*Adams, Samuel	,,	1839		
	Adams, Willard				
1824	Adams, Zabdiel B.	Boston			
1847	Ainsworth, F. S.	,,			
1818	Alden, Ebenezer	Randolph			
1829	Alden, Samuel	Bridgewater			
1841	Alden, Washington B.	Ludlow			
1835	Alexander, Andrew	South Boston			
1843	Allen, Charles H.	East Cambridge			
1848	Allen, Daniel S.	Saugus			
1846	Allen, Ebenezer B.				
1836	†Allen, Frederick	Hallowell, Me.	1838		
1806	*Allen, Israel	Sterling		1817	61
1812	*Allen, Joseph	Buckland	1818	1820	59
1846	Allen, Louis	Belchertown			
1815	*Allen, Luther	Sterling	1822	1837	64
1842	Allen, Nathan	Lowell			
1815	*Allen, Silas	Leominster	1827	1840	78
1846	Alley, John B.	Boston			
1822	*Alvord, Helaz	Montague		1825	33
1819	Ames, Ebenezer	Wayland			
1789	*Ames, Nathaniel	Dedham		1822	82
1822	Andrews, John	Boylston			
1848	Andrews, Thomas	Boston			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1849	Alden, Joseph P.	Cambridgeport			
1830	*Almon, William*	Halifax, N.S.			
1833	*Andral, G.*	Paris, France			
1849	‡Andrews, Thomas, jun.	Tisbury			
1839	Appleton, Benjamin B.	Boston			
1833	Appleton, John	West Newbury			
	*Appleton, Moses	Maine		1849	76
1781	*Appleton, Nath. W.	Boston	1794	1798	43
1839	Archer, Jason H.	Fall River			
1820	‡Arms, Willard	Brattleboro', Vt.			
1842	‡Arndt, Peter S.				
1812	*Aspinwall, Wm. jun.	Brookline		1818	33
1782	*Atherton, Israel	Lancaster	1816	1822	82
1835	Atkinson, Benjamin	Amesbury			
1832	Atkinson, John	Newburyport			
1846	Atkinson, Jonah	Wrentham			
1837	Atwood, George	Barnstable			
1822	*Austin, Benjamin	Texas		1839	46
1846	Avery, Samuel F.	Charlemont			
1841	Ayer, James	Boston			
1820	*Ayer, Jason	Truro	1826	1838	78
1836	*Ayer, Jason C.	Boston		1846	34
1846	Ayer, Washington	Lawrence			
1849	Babbitt, Henry S.	Lowell			
1837	Babbitt, Nathan S.	Adams			
1837	Babbitt, Snell	,,			
1800	*Babbitt, Thomas	Brookfield		1813	51
1843	Babcock, Aaron G.	Worcester			
1846	Bachelder, John	Sandwich			
1810	*Bachelder, Josiah	Provincetown		1829	84
1810	*Bacheller, Stephen	Royalston		1848	71
1844	‡Bacon, Alvan	Maine			
1842	Bacon, Amasa D.	Gloucester			
1841	Bacon, John, jun.	Boston			
1813	*Bagg, Henry	Princeton		1818	71
1840	‡Bailargeon, P.	Quebec			
1843	‡Bailey, Charles				
1825	Baker, George	Chelsea			
1840	‡Baker, John	Lowell			
1844	‡Ball, Benjamin L.	China			
1846	‡Ball, Josiah				
1815	*Ball, Stephen	Northborough	1828		
1835	Ball, Stephen, jun.	Boston			
1823	*Ballard, William	Framingham		1830	50

NOTE. — The double dagger (‡) denotes *removal from the State.* Names in italics are those of *honorary members.*

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1808	*Bancroft, Amos	Groton	1835	1848	77
1837	Bancroft, Amos B.	,,			
1844	Barber, Joseph S.	Gloucester			
1832	*Barker, Charles O.	Lynn		1843	40
1837	Barker, John L.	Adams			
1785	*Barker, Joshua	Hingham		1800	47
1837	Barnard, Charles F.	South Boston			
1828	Barrett, Benjamin	Northampton			
1846	Barrett, Henry A.	Concord			
1838	‡Barrett, Solomon	New York			
1835	Barrows, Ira	Norton			
1813	*Barstow, Samuel	Great Barrington		1813	36
1808	†Barstow, Gideon				
1849	‡Barstow, William	California			
1849	Bartlett, Benjamin D.	Lowell			
1833	‡Bartlett, Elisha	Smithfield, R.I.			
1826	*Bartlett, Erastus H.	South Boston		1846	44
1839	Bartlett, Francis D.	Dartmouth			
1832	Bartlett, George	Boston			
1831	Bartlett, Henry	Roxbury			
1816	†Bartlett, Hubbard	Lee			
1798	*Bartlett, John	Roxbury	1842	1844	88
1833	Bartlett, John C.	Chelmsford			
1821	*Bartlett, John S.	New York			
1846	Bartlett, Joseph E.	Somerville			
1789	*Bartlett, Josiah	Charlestown		1820	61
1823	Bartlett, Josiah	Concord			
1833	Bartlett, Lyman	New Bedford			
1841	Barton, Edward	South Orange			
1815	†Barton, Parley	Orange			
1840	‡Batchelder, Daniel H.				
1838	Batchelder, Joseph C.	Topsfield			
1813	*Bates, Anson	Barre		1836	49
1844	Bates, George A.	Worcester			
1847	Bates, Henry G.	,,			
1822	†Bates, Leavitt	Norton	1830		
1815	*Bates, Stephen	Charlemont	1822	1823	60
1836	‡Bates, William R.	New York			
1781	*Baylies, William	Dighton		1826	84
1813	†Beach, Erastus	Sandisfield			
1809	*Bean, Horace	Boston		1827	54
1790	**Beardsley, Ebenezer*	New Haven, Con.			
1813	*Beckworth, Elliott	Hardwick		1847	50
1835	*Belden, Lemuel B.	Springfield		1839	38
1842	Bell, Artemas	Southampton			
1846	Bell, Cyrus	West Springfield			
1837	Bell, Luther V.	Somerville			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1804	‡Buel, William	Litchfield, Con.			
1839	‡Bugard, Bertrand F.	Hayti			
1840	Bugbee, Luther	Spencer			
1819	*Bugbee, Samuel	Wrentham		1841	60
1847	Bugbee, William B.	Quincy			
1813	*Bullard, Artemas	Sutton	1830	1842	73
1806	*Bullard, Asa	Boston		1826	61
1820	*Bullard, Joseph	Southborough		1838	65
1844	Bumstead, Sereno E.D.	Boston			
1812	*Burbank, Asa	Albany, N.Y.		1829	
1847	Burbank, Oscar	Lowell			
1846	*Burdett, George W.	Lancaster		1838	
1849	Burgess, Benjamin F.	Andover			
1801	*Burghardt, Hugo	Richmond		1822	52
1830	Burnap, Sewall G.	Holliston			
1836	*Burnett, Joel	Southborough		1845	46
1850	Burnett, Waldo J.	Boston			
1849	Butler, Alexander S.	,,			
1834	‡Butler, John S.	Hartford, Con.			
1842	Butterfield, John	Lowell			
1822	*Byam, Asaph	Westford	1828	1838	47
1843	Cabot, Samuel	Boston			
1848	Cady, Franklin A.	Pittsfield			
1836	*Caldwell, Charles*	Louisville, Ky.			
1849	Calef, Jonathan S.	South Boston			
1846	Calkins, Charles W.	Boston			
1835	Campbell, Patrick P.	Lowell			
1838	Capen, Robert	Dorchester			
1847	Carey, Milon G.	Amesbury			
1848	Carpenter, Benoni	Pawtucket			
1833	†Carpenter, Calvin	Lancaster			
1822	Carpenter, Elijah W.	Chatham			
1837	Carpenter, Elijah W.	Bernardstown			
1841	Carpenter, Henry	Upton			
1832	Carpenter, Nelson	Warren			
1845	Carpenter, Seba	Attleborough			
1833	*Carpenter, Simeon B.	Dedham			
1849	Cartée, C. Soule				
1845	‡Carter, John S.				
1847	Carey, Milon G.	Salisbury			
1812	Champion, Reuben	West Springfield			
1846	Champlin, H. C.	,,			
1841	Champlin, Stephen	,,			
1841	*Champney, John S.	South Abington		1847	55
1839	‡Chandler, George	New Hampshire			
1832	Chandler, Hermon	Stow			
1840	*Chandler, Wolcott C.	South Natick		1848	41

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1814	Channing, Walter	Boston			
1847	Channing, William F.	,,			
1836	Chapin, Alonzo	East Abington			
1816	‡Chapin, Caleb	New York			
1834	Chaplin, Charles F.	Cambridgeport			
1847	‡Chaplin, Daniel	Maryland			
1808	*Chaplin, James P.	Cambridgeport		1828	46
1836	*Chapman, Nathaniel*	Philadelphia			
1846	‡Chapman, Thomas L.	California			
1847	Chase, Albion P.	South Abington			
1837	Chase, Charles	Chelsea			
1840	Chase, Francis H.				
1846	Chase, Hiram L.	Cambridge			
	‡Chase, J. B.	California			
1836	*Cheeseman, John*	New York			
1800	*Cheever, Abijah	Saugus	1815	1843	84
1830	*Chervin, Nicholas*	Paris, France			
1833	Chickering, Jesse	Roxbury			
1819	‡Childs, Ebenezer	Genessee Co. N.Y.			
1811	Childs, Henry H.	Pittsfield			
1803	*Childs, Timothy	,,		1821	73
1840	‡Childs, William S.				
1832	‡Choate, Charles	La Harpe, Ill.			
1826	Choate, George	Salem			
1816	*Church, Samuel	Sunderland	1823	1826	70
1830	*Civiale, J.*	Paris, France			
1813	*Clapp, Eleazer	Boston		1817	31
1841	Clapp, H. Erastus	Wrentham			
1839	‡Clapp, Sylvanus	Chesterfield			
1817	Clark, Atherton	East Hampton			
1835	Clark, Henry G.	Boston			
1804	‡Clark, Hezekiah	Pompey, N.Y.			
1822	‡Clark, Job	Ravenna, Ohio			
1842	Clark, Johnson	Bridgewater			
1830	‡Clark, Joseph				
1836	Clark, Luther	Boston			
1845	Clark, Moses	East Cambridge			
1824	Clark, Shepard	Hubbardston			
1839	‡Clarke, Daniel				
1847	Clarke, Edward H.	Boston			
1835	†Clarke, Francis	Andover	1846		
1814	*Clarke, Samuel	Boston		1830	52
1833	*Clarke, Sir James*	London			
1804	*Cleaveland, Nehemiah	Topsfield	1829	1837	77
1804	*Cleaveland, Parker	Newbury	1815	1826	74
1816	‡Clesson, Samuel	Sodus Bay, N.Y.			
1846	‡Cleveland, Charles D.	California			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1843	Clough, John	Boston			
1840	Clough, Willard, jun.	Pittsfield			
1843	Coale, William E.	Boston			
1786	*Cobb, David	Taunton	1804	1830	82
1847	‡Cobb, Elijah	New Bedford			
1850	Codman, Benjamin S.	Boston			
1843	Codman, Willard W.	,,			
1803	*Coffin, Charles	Newburyport	1817	1821	80
1825	*Coffin, Edward L.	Lynn			
1803	*Coffin, John G.	Boston	1828	1829	59
1803	*Coffin, William	Gloucester	1823	1845	50
1844	Coffin, William S.	Boston			
1842	‡Coggeshall, John H.	Maine			
1832	Cogswell, George	Bradford			
1812	**Cogswell, Mason F.*	Hartford, Con.		1830	69
1845	Cogswell, William	Georgetown			
1835	Coit, Daniel T.	Boston			
1847	Colby, Elijah	New Bedford			
1850	Colby, John L.	Manchester			
1845	Colby, Isaac	Salem			
1848	‡Coles, Larkin B.				
1819	*Collamore, Anthony	Pembroke		1847	60
1847	Collamore, Francis	,,			
1810	*Collins, Daniel	Lenox		1846	
1812	†Collins, Daniel	Williamsburgh	1823		
1839	‡Collyer, Robert H.				
1846	Comstock, W. W.	Wrentham			
1833	*Cook, Joseph P.	Boston		1835	27
1840	Cooke, Lucius	Wendell			
1822	‡Cooley, Dennis	Washington, Mich.			
1814	**Cooper, Sir Astley*	London		1841	73
1825	*Corey, Jacob	Sturbridge		1837	83
1834	Cornell, W. M.	Boston			
1829	Cornish, Aaron	Falmouth			
1837	Cotting, Benjamin E.	Roxbury			
1839	Couch, John W.	Great Barrington			
1815	†Cowles, Chester	Granby	1840	1842	71
1815	*Cowles, Rufus	Amherst	1834	1837	70
1831	Cox, Benjamin, jun.	Salem			
1812	*Crane, Jonathan	Bridgewater		1814	77
1839	Crane, Phineas M.	East Boston			
1840	Crary, Wm. H. Allen	Fall River			
1834	Cressy, Oliver S.	Hamilton			
1787	**Crosby, Ebenezer*	New York		1788	
1848	*Crosby, Josiah*	Manchester, N.H.			
1850	Cross, Enoch	Newburyport			
1825	Culver, Charles	Chatham, N.Y.			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1786	*Cuming, John	Concord		1788	60
1840	Cummings, J. A.	Boston			
1847	Cummings, James M.	Salem			
1832	†Cunningham, E. L.	Boston	1846		
1825	*Cunningham, Hugh	Shutesbury			
1843	Currier, William J.	Lexington			
1781	*Curtis, Benjamin	Boston		1784	
1848	‡Curtis, Jonathan S.	California			
1845	Curtis, Josiah	Boston			
1849	Cushing, Benjamin	Dorchester			
1819	*Cushing, Ezekiel D.	Hanover		1828	38
1839	*Cutler, Charles	Grafton			
1845	Cutler, George	Charlestown		1840	25
1813	*Cutler, Isaac G.	Amherst	1827	1834	52
1785	*Cutler, Manasseh, Rev.	Hamilton		1823	80
1804	*Cutler, Robert	Amherst	1812	1835	86
1804	*Cutler, William	Hardwick	1814	1832	78
1839	†Cutler, William W.	Reading	1848		
1783	*Cutter, Ammi Ruhamah	Portsmouth		1815	81
1831	Cutter, Benjamin	Woburn			
1826	Cutter, Nehemiah	Pepperell			
1830	*Dale, Ebenezer	Gloucester		1834	51
1840	Dale, William J.	Boston			
1823	Dalton, John C.	Lowell			
1848	Dalton, John C. jun.	Boston			
1850	Dana, David	Lawrence			
1836	Dana, Francis	Boston			
1821	*Dana, James F.	New York		1827	33
1848	Danforth, Nathaniel B.	Chatham			
1781	*Danforth, S. Pres.	Boston		1827	87
1800	*Danforth, Thomas	,,		1817	42
1833	Davenport, Edward J.	,,			
1845	Davidson, Herman E.	Gloucester			
1843	Davis, Amasa	Palmer			
1847	Davis, Charles A.	Chelsea			
1836	*Davis, Daniel W.	West Barnstable		1848	
1830	*Davis, Edward G.	Philadelphia		1839	35
1840	Davis, Henry G.	Millbury			
1834	Davis, Kendall	Pepperell			
1847	‡Davis, Robert T.	Waterville, Me.			
1840	Davis, William A.	Dorchester			
1824	†Dean, Christopher	Coleraine	1846		
1813	†Dean, Oliver	Framingham	1844		
1844	Dean, James B.	Taunton			
1841	Deane, James	Greenfield			
1838	De Chene, F. G. F. M.	Springfield	1840		
1839	Dearborn, Abraham D.	Newton			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1832	*De Ferman, M.*	Paris			
1836	*Delafield, Edward*	New York			
1816	‡Delamater, John	Fairfield, N.Y.			
1841	‡Delano, John A.	Illinois			
1830	**Delpech, T. Prof.*	Montpelier,France			
1846	Denison, George W.	Springfield			
1834	Denniston, Edward E.	Northampton			
1844	Derby, George	Boston			
1846	‡Desaulniers, L. L. L.	Nova Scotia			
1836	‡Dewar, Henry A.	Cincinnati, Ohio			
1816	†Dewey, Luke	West Stockbridge			
1841	De Wolf, T. K.	Chester			
1781	*Dexter, Aaron	Boston		1829	85
1818	*Dexter, Theodore	,,		1849	
1842	Dexter, William P.	Brookline			
1847	Dickeman, Lemuel	Medfield			
1831	‡Dickenson, Edward	Philadelphia			
1846	Dickey, Hanover	Lowell			
1846	‡Dickinson, S. F.				
1837	Dix, John H.	Boston			
1847	Dixon, Robert	,,			
1803	*Dixwell, John	,,		1834	57
1823	*Doane, George B.	,,		1842	49
1846	Doane, G. W.	Hyannis			
1841	Dodge, Franklin	Harwich			
1831	*Dodge, Samuel	Wenham		1833	33
1839	Doggett, Perez F.	Wareham			
1831	†Dorr, Clifford	Boston	1846		
1838	‡Dorr, Joseph H.				
1835	‡Dorrance, Gardner				
1823	*Dorrance, Trumbull	Pittsfield			
1846	Downes, Nathaniel	Boston			
1850	Dow, Darius A.				
1836	*Drake, Daniel*	Louisville, Ky.			
1847	Drake, Eben W.	Middleborough			
1819	*Draper, Abijah	Roxbury		1836	60
1846	‡Drew, Elijah C.	California			
1844	Drew, S. Watson	Woburn			
1844	Drinkwater, Sydney	Chelsea			
1816	†Drury, Benjamin	Spencer	1832		
1804	*Drury, John	Marblehead		1823	
1836	*Dudley, Benjamin W.*	Lexington, Ky.			
1827	Duggan, Wm. B.	Quincy			
1803	*Dunbar, Simeon	West Bridgewater		1810	59
1796	**Duncan, Andrew*	Edinburgh		1832	
1841	Duncan, Charles M.	Shelburne			
1848	Duncan, Samuel	Williamstown			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1836	*Dunglison, Robley*	Philadelphia			
1837	Dupee, Horace, jun.	Boston			
1842	Durkee, Silas	,,			
1803	†Dwight, Elihu	South Hadley	1834		
1834	‡Dwight, William W.	New York			
1849	Dyer, Jonah Franklin	Boston			
1830	Dyer, Henry	,,			
1847	Eastham, Charles	,,			
1796	**Easton, Benjamin*	New York			
1839	Eaton, Albert E.				
1840	*Eddy, Frederick A.	Boston		1847	31
1847	Edwards, Nathan B.	Chelmsford			
1823	†Eldredge, Hezekiah	Brighton	1836		
1817	‡Eldridge, Micah	Nashua, N.H.			
1815	‡Elliot, Moses H.	U. S. Army			
1844	Ellis, Benjamin H.	Springfield			
1831	*Ellis, Calvin	Boston		1844	41
1850	Ellis, Calvin	,,			
1834	Ellis, Walton N.	Rochester			
1781	*Erving, Shirley	Boston		1813	54
1822	*Estabrook, George	Rutland		1846	51
1785	*Eustis, William	Boston	1813	1825	72
1838	Everett, Oliver	Sherburne			
1834	Fales, Joseph J.	East Boston			
1830	**Fargues, Thomas*	Quebec		1847	
1835	Farnum, Joseph, jun.	Salem			
1814	*Farre, John R.*	London			
1816	Farnsworth, Amos	Groton			
1804	*Faulkner, Enoch	Hamilton	1829	1830	63
1848	Faulkner, George	Jamaica Plains			
1837	Fay, Allen C.	Milford			
1827	Fay, Charles M.	Charlton			
1829	Fearing, Elisha P.	Nantucket			
1803	*Fearing, Noah	Bridgewater		1824	54
1838	Ferre, Henry	Dalton			
1839	Field, Caleb C.	Leominster			
1803	*Field, John	Rutland		1815	
1804	†Field, Seth	Brookfield	1837		
1829	Fifield, Moses				
1807	Fifield, Noah	Weymouth			
1836	‡Fish, Samuel	Ohio			
1845	‡Fisher, Francis W.				
1830	*Fisher, John D.	Boston		1850	53
1850	Fisher, Jabez	Cambridgeport			
1782	*Fisher, Josh. Pres.	Beverly	1823	1833	84
1805	*Fisk, Joseph	Lexington	1825	1837	85
1843	Fisk, Seth	Amherst			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1847	Fiske, Calvin P.	Sturbridge			
1838	*Fiske, James	Milford		1843	33
1803	*Fiske, Oliver	Worcester	1825	1837	74
1839	Fiske, Robert T. P.	Hingham			
1821	†Fiske, Timothy	Holliston	1841		
1837	Fitch, Worham L.	Springfield			
1826	†Flagg, Chandler	Marblehead	1849		
1786	*Flagg, John	Lynn		1793	50
1821	Flagg, Josiah F.	Boston			
1837	‡Fletcher, Madison				
1837	‡Fletcher, Moore R.				
1796	*Fleet, John	Boston		1813	47
1804	†Flint, Austin	Leicester	1827		
1835	‡Flint, Austin	Buffalo, N.Y.			
1820	Flint, Edward	Leicester			
1829	Flint, John	Boston			
1847	Flint, John Sydenham	Roxbury			
1812	*Flint, Joseph H.	Springfield			
1829	‡Flint, Joshua B.	Louisville, Ky.			
1841	Flint, Kendall	Haverhill			
1806	*Fogg, Daniel	Braintree	1818	1830	71
1847	‡Fogg, David S.				
1846	Folts, Daniel V.	East Boston			
1813	*Forbes, Seth	Oakham		1814	32
1839	‡Ford, James W.	New Hampshire			
1839	Ford, Oliver	Hyannis			
1835	Forsyth, James B.	Chelsea			
1815	*Foster, Andrew	Roxbury		1831	50
1841	Foster, Charles F.	,,			
1844	Foster, Fordyce	Cohasset			
1806	*Foster, James	Rochester		1811	53
1840	Foster, James W.	Foxborough			
1839	‡Foster, Joseph H.	New York			
1810	‡Foster, Josiah D.	U. S. Army			
1815	*Foster, Thomas	Cambridge		1831	46
1833	*Foster, William E.	Boston		1842	33
1816	†Fowler, Royal	Stockbridge			
1808	‡Fox, Abel	Savannah, Ga.			
1803	*Foxcroft, Francis	Brookfield	1810	1814	69
1848	Francis, Tappan E.	East Newton			
1843	*Frank, Malte W. A.	Boston			
1795	*Freeman, Nathaniel	Sandwich	1814	1827	86
1849	French, Leonard	Fitchburg			
1839	French, Nathan	Malden			
1842	‡French, Otis E.				
1809	*Frink, Hervey	New York		1815	
1781	*Frink, John	Rutland		1807	73

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1803	*Frink, John	Rutland		1811	76
1831	*Frost, Edward	Wayland			
1816	*Frost, Joshua	Springfield			
1842	Fuller, Milton	Medford			
1832	Gale, Levi B.	Tisbury			
1839	Gale, Stephen M.	Methuen			
1838	‡Gallup, William	Bangor, Maine			
1803	*Gamage, William	Cambridge	1817	1821	76
1809	*Gamage, William, jun.	Boston		1818	37
1844	‡Gardner, Augustus K.	New York			
1806	†Gardner, Henry	Charlestown	1832		
1803	*Gardner, James	Lynn		1828	
1825	*Gardner, John F.	Ipswich		1829	35
1843	Gardner, Johnson	Seekonk			
1781	*Gardner, Joseph	Dorchester		1809	28
1808	*Gardner, Joseph				
1849	Garrat, Alfred C.	Abington			
1804	*Gates, Jacob	Boston		1839	65
1831	‡Gates, Samuel	Ohio			
1848	Gay, George H.	Boston			
1843	Gay, Grenville W.	Quincy			
1832	*Gay, Martin	Boston		1850	47
1836	**Geddings*, *E.*	Charleston, S.C.			
1803	*Gelston, Roland	Nantucket			
1850	Germaine, Charles N.	Boston			
1846	Gerry, Henry A.	Townsend			
1839	‡Gerry, Samuel R.	South America			
1847	Gersdorff, B. V.	Boston			
1847	Gibbens, Danl. L. jun.	Weymouth			
1840	Gile, Daniel	Marblehead			
1847	‡Gilman, Benjamin F.				
1839	Glazier, Amory	Fall River			
1846	‡Gleason, Charles W.				
1835	Glover, Lewis J.				
1849	Godding, Alvan	Winchendon			
1805	*Godfrey, Jones	Taunton		1831	61
1847	Gooch, William B.	South Dennis			
1847	Goodenough, Levi	Sudbury			
1822	*Goodhue, Joshua	Hadley	1826	1829	70
1822	†Goodman, Otis	South Hadley	1830		
1822	†Goodnow, Peter	Boston			
1842	Goodrich, Horace	Ware	1827		
1822	‡Goodwin, Jacob				
1834	Gordon, Charles	Boston			
	†Gordon, Timothy	Plymouth			
1823	Gordon, William	Taunton	1849		
1835	Gordon, William A.	New Bedford			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1808	*Gorham, John	Boston		1829	46
1837	†Gorham, John W.		1848		
1832	Gould, Abraham	Lynn			
1832	Gould, Augustus A.	Boston			
1823	†Gould, Daniel	Malden			
1837	*Gould, Levi	Wilmington		1850	
1846	Gould, Samuel H.	Brewster			
1850	Goulet, Ambrose	Lowell			
1832	Graves, John W.	,,			
1834	Gray, Francis H.	Boston			
1847	Gray, James H.	Springfield			
1836	*Gray, Thomas, jun.	Boston		1849	
1850	Greely, Moses R.	Charlestown			
1819	‡Green, Daniel	Auburn, N.Y.			
1803	*Green, John	Worcester		1808	45
1811	†Green, John	,,			
1827	Green, John O.	Lowell			
1826	Green, Joshua	Groton			
1817	*Green, Peter	Concord, N.H.		1829	82
1839	Greene, Edward W.	New Bedford			
1836	*Greene, Henry B. C.	Boston		1846	47
1846	Greene, Moses C.	,,			
1845	Greene, Samuel F.	Worcester			
1841	Greene, William	N. Falmouth			
1840	*Greenleaf, Moses P.	Newton		1848	31
1849	Greer, Robert	Boston			
1833	Gregerson, James B.	,,			
1831	Gregg, Samuel	,,			
1820	Grosvenor, David A.	Reading			
1830	Grosvenor, John M.	Methuen			
1840	Grovesnor, D. A. jun.	Danvers			
1843	Grovesnor, Edwin P.	Newburyport			
1830	Grovesnor, John M.				
1843	Grovesnor, Lucius H.	Reading			
1839	‡Guay, Benoni	Quebec, L.C.			
1840	Guilford, Jonas	Spencer			
1837	Guiteau, Coridon	Lee			
1835	Gushee, John H.	Raynham			
1848	Haddock, Charles	Beverly			
1846	‡Hagar, Joseph S.	California			
1816	*Hagar, Uriah	Waltham		1841	64
1817	*Hale, Enoch	Boston		1848	58
1846	Hall, Adino B.	Kingston			
1840	Hall, Chauncy, A.	Northampton			
1843	‡Hall, Edward	New York			
1819	‡Hall, Eli	East Hartford			
1839	*Hall, Marshall*	London			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1836	*Hall, William*	Baltimore			
1842	‡Hammatt, George A.	Boston			
1846	*Hamblen, Samuel	„		1848	25
1835	Hamilton, Erastus D.	Conway			
1836	Hamilton, George W.	„			
1840	Hammond, Josiah S.	Plympton			
1832	Hanaford, William G.	Boston			
1841	Hardy, Benjamin F.	New Bedford			
1846	Harlow, E. A. W.	Boston			
1847	Harlow, James F.	„			
1849	Harmon, William N.	Lynn			
1839	Harpur, John	Sandwich			
1844	Harris, Jerome	West Cambridge			
1842	Harris, Jonas C.	Ashland			
1823	Harris, Luther M.	Roxbury			
1823	†Harris, Thaddeus W.	Cambridge	1838		
1821	*Harrington, Loammi	Paxton	1832	1840	
1813	*Hart, John	Reading	1829	1836	85
1825	‡Hart, Samuel	Syracuse, N.Y.			
1847	Hartwell, John	Charlestown			
1842	*Hartmann, Frederick	Boston		1844	30
1838	Hartwell, Samuel	Southbridge			
1838	Hartwell, Samuel C.	„			
1832	Harwood, Daniel	Boston			
1806	*Haskell, Abraham	Ashby	1824	1833	88
1810	†Haskell, Abraham	„	1826		
1837	Haskell, Benjamin	Rockport			
1842	‡Haskell, J. Summer				
1839	Haskell, Joseph	Rochester			
1837	*Hastings, Charles*	Worcester, Eng.			
1813	*Hastings, John	Hatfield	1834	1845	80
1845	‡Haszard, Albert A.				
1843	Hatch, J. H.	N. Attleborough			
1822	*Hathaway, Rufus	Duxbury		1822	52
1845	Hawes, Russell L.	Worcester			
1840	Hawes, William	Boston			
1803	*Hay, John	Reading		1815	
1829	Hayden, John C.	Boston			
1837	Hayes, Jacob	Charlestown			
1816	Hayward, George	Boston			
1843	Hayward, George, jun.	„			
1828	†Hayward, Joshua H.	„	1848		
1784	*Hayward, Lemuel	„		1821	72
1803	*Hayward, Nathan	Plymouth		1848	85
1803	*Hazeltine, Richard	Lynn	1835	1836	62
1843	‡Head, J. Frazier	U. S. Army			
1844	Heard, John	Holliston			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1783	*Hearsey, Abner	Barnstable		1787	65
1842	Heaton, George	Boston			
1842	†Hedge, Josiah D.	Cambridge			
1808	*Hemmenway, Samuel	Boston		1823	45
1836	Herbert, Richard	Rowley			
1820	*Hewins, James	Medfield		1846	64
1836	*Hewson, Thomas T.*	Philadelphia			
1806	*Heywood, Abiel	Concord	1835	1839	
1822	Heywood, Benjamin F.	Worcester			
1847	Heywood, Charles F.	Boston			
1832	‡Higginson, Francis J.	Brattleboro', Vt.			
1822	*Hildreth, Benjamin W.	Marlborough		1848	64
1823	*Hildreth, Charles T.	Boston		1843	45
1847	‡Hildreth, Israel	Dracut			
1822	‡Hildreth, Israel, jun.				
1837	*Hildreth, S. P.*	Marietta, Ohio			
1837	‡Hill, George				
1831	*Hill, Joseph F.	Billerica		1849	
1845	‡Hill, Kimball	California			
1845	Hill, Reuben W.	Lowell			
1845	Hills, Ebenezer P.	Shirley			
1847	Hinckley, John W.	East Boston			
1842	‡Hinckley, Rufus L.	California			
1839	Hitchcock, Alfred	Fitchburg			
1786	*Hitchcock, Gad	Pembroke	1818	1836	86
1844	*Hitchcock, H. D.	Middleborough		1847	28
1843	Hobbins, Joseph	Newton			
1815	*Hodges, Guilford	Phillipston		1816	
1825	‡Hodges, Isaac	Adams			
1836	*Hodgkin, Thomas*	London			
1842	Hoffendahl, C. F.	Boston			
1800	*Holbrook, Amos	Milton	1832	1842	89
1840	Holbrook, Clarendon G.	Dennis			
1836	*Holbrook, John*	Charleston, S.C.			
1822	Holcomb, Vincent	Granville			
1822	*Holland, James	Westfield		1840	78
1844	‡Holland, Josiah G.	Vicksburgh			
1806	*Holland, William	Belchertown	1823		
1834	Holman, Eliakim A.	Harvard			
1844	‡Holman, Jonas W.	Maine			
1841	Holmes, Christopher C.	Milton			
1848	Holmes, Howland	West Cambridge			
1811	*Holmes, Jacob	Leicester		1847	69
1836	Holmes, Oliver W.	Boston			
1846	Holt, Daniel	Lowell			
1781	*Holten, Samuel	Danvers		1816	77
1846	*Holton, Hiram	Truro		1847	26

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1781	*Holyoke, E. A. Pres.	Salem	1827	1829	100
1825	Holyoke, Edward A.	,,			
1850	Homans, Charles D.	Boston			
1790	*Homans, John	,,		1800	47
1820	Homans, John	,,			
1832	Hook, Edward W.	Bangor, Me.			
1847	Hooke, Henry M.	Lowell			
1826	Hooker, Anson	East Cambridge			
1821	Hooker, George	Longmeadow			
1818	†Hooker, William	Westhampton	1827		
1839	Hooper, Foster	Fall River			
1836	Hooper, Robert W.	Boston			
1790	*_Hopkins, Lemuel_	Hartford, Con.		1801	50
1840	†Hopkins, Lewis S.	Northampton	1841		
1841	Horne, Jeremiah	Fall River			
1836	_Horner, William E._	Philadelphia			
1811	*_Hosack, David_	New York		1835	66
1827	Hosmer, Hiram	Watertown			
1825	*Howard, Abishai	Sturbridge	1832	1844	77
1843	Howard, Frederick	Randolph			
1803	*Howard, John C.	Boston		1812	37
1832	*Howard, John C.	,,		1844	39
1849	Howard, Levi	Chelmsford			
1816	*Howe, Abner	Beverly		1826	47
1823	Howe, Appleton	Weymouth			
1848	Howe, Charles	Taunton			
1806	*Howe, Estes	Belchertown	1821	1826	79
1840	Howe, Estes	Cambridge			
1804	*Howe, Josiah	Templeton	1823	1843	73
1832	Howe, Samuel G.	Boston			
1817	Howe, Zadok, Pres.	Billerica			
1845	*Howes, Frederick, jun.	Salem		1849	25
1848	Hoyt, Enos	Framingham			
1838	‡Hoyt, George	Rhode Island			
1841	Hoyt, John	Natick			
1840	Hoyt, Otis	Framingham			
1844	Hubbard, Benjamin	Weymouth			
1837	Hubbard, George	Boston			
1837	Hubbard, Levi	Medfield			
1813	*Hubbard, Oliver	Salem	1832		
1830	*_Hubbard, Thomas_	New Haven, Con.		1838	63
1848	Huckins, David T.	Watertown			
1822	Humphreys, Levi W.	Southwick			
1808	†Hunnewell, Walter	Watertown	1840		
1813	*Hunt, David	Northampton	1833	1837	64
1781	*Hunt, Ebenezer	Northampton		1820	76
1830	Hunt, Ebenezer	Danvers			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1789	*Hunt, Joseph	Concord	1802	1812	63
1848	Hunt, Otis E.	Weston			
1822	Hunting, Amory	Worcester			
1839	Huntington, Elisha	Lowell			
1847	Huntington, Geo. W.	Pittsfield			
1798	*Hurd, Isaac	Concord	1826	1844	88
1824	Hurd, J. Stearns	Charlestown			
1850	Huse, Stephen	Methuen			
1848	Hutchins, David T.	Watertown			
1845	Hyde, Alvan	Tyringham			
1840	Hyndman, James	Boston			
1836	Inches, Herman B.	,,			
1803	Ingalls, William	,,			
1836	Ingalls, William, jun.	,,			
1849	‡Irwin, Richard				
1838	*Ives, Eli*	New Haven, Con.			
1843	Jackson, Alexander	Plymouth			
1833	Jackson, Charles T.	Boston			
1783	**Jackson, Hall*	Portsmouth		1797	58
1802	Jackson, Jas. Pres.	Boston			
1832	Jackson, J. B. S.	,,			
1836	*Jackson, Samuel*	Philadelphia			
1840	Jackson, Thomas P.	Boston			
1795	*Jackson, William	,,		1800	35
1812	†James, Benjamin	Weston	1844		
1812	‡James, Daniel	Albany, N. Y.			
1822	James, Elisha	Scituate			
1816	‡James, John	Albany, N. Y.			
1781	*Jarvis, Charles	Boston		1807	59
1833	Jarvis, Edward	Dorchester			
1803	*Jeffries, John	Boston		1819	75
1826	Jeffries, John	,,			
1844	Jenkins, Freeman H.	West Barnstable			
1848	Jennings, John Henry	New Bedford			
1839	Jennings, Selden	Richmond			
1830	‡Jennison, John				
1803	*Jennison, Timothy L.	Cambridge	1827	1845	85
1839	Jewett, Jeremiah P.	Lowell			
1823	*Johnson, Artemas	Seekonk		1827	38
1840	Johnson, Henry F.	Worcester			
1840	‡Johnson, John B.				
1818	Johnson, Jonathan G.	Newburyport			
1840	Johnson, Joshua J.	Northborough			
1845	Johnson, Othello O.	Sudbury			
1822	Johnson, Samuel	Salem			
1849	Johnson, William O.	Lynn			
1845	Jones, Alanson S.	Mattapoisett			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1821	*Jones, Asa	Spencer		1827	
1822	Jones, Bela B.	Southampton			
1810	*Jones, George	Savannah		1838	
1846	Jones, George S.	Boston			
1849	Jones, Henry N.	Kingston			
1804	*Jones, Horatio	Stockbridge			
1787	*Jones, John	New York			
1843	Jones, Joseph S.	Boston			
1846	Jones, Luther	South Yarmouth			
1835	Jones, Nathan	Wenham			
1849	Jones, Ralph K.	Tisbury			
1781	*Kast, Thomas	Boston		1820	70
1843	*Kearney, Patrick	,,		1845	40
1830	Keep, Nathan C.	,,			
1836	*Keep, Solomon				
1781	*Kellogg, Giles Crouch	Hadley	1786	1793	60
1812	*Kendall, Pearson	Sterling			
1824	Kendall, Pearson T.	,,			
1846	‡Kennedy, T. J. W.	California			
1822	†Kibbee, Gideon	Wilbraham	1846		
1815	*Kidder, Ashbell	Sudbury	1823	1823	53
1849	Kidder, C. W. B.	Lowell			
1822	†Kidder, Moses	Townsend	1832		
1848	Kidder, Walter	Lowell			
1838	Kimball, Gilman	,,			
1846	Kimball, Walter H.	Andover			
1839	Kimball, William M.	Blackstone			
1816	King, Aaron	Palmer			
1846	King, Absalom P.				
1849	King, Charles A.	Abington			
1848	King, George	Middleborough			
1842	King, John B.	Nantucket			
1844	‡King, S. D.				
1844	Kingsbury, George H.	Framingham			
1816	*Kingsbury, Samuel	Springfield		1828	46
1838	Kinniston, Timothy	Haverhill			
1830	*Kittredge, Benjamin	Little Rock, Ark.		1839	45
1837	Kittredge, Benjamin T.	Hinsdale			
1838	Kittredge, E. A.	Boston			
1845	Kittredge, Floyer G.	Stow			
1816	*Kittredge, Francis	Woburn		1828	46
1822	*Kittredge, Henry	Tewksbury		1847	61
1827	†Kittredge, Ingalls	Beverly	1833		
1830	Kittredge, Ingalls, jun.	,,			
1802	*Kittredge, Jacob	Billerica	1815		
1809	*Kittredge, John B.	Framingham	1837	1848	76
1814	*Kittredge, Joseph	Andover		1847	62

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1833	‡Kittredge, Josiah	Nashua, N. H.			
1824	*Kittredge, Paul	Chelmsford		1845	61
1834	Kittredge, Theodore	Waltham			
1796	*Kittredge, Thomas	Andover	1818	1818	72
1845	Kneeland, Saml. jun.	Boston			
1782	*Kneeland, Wm. Pres.	Cambridge		1788	56
1834	‡Knight, Addison				
1842	Knight, William	Middleborough			
1844	*Knowlton, Charles	Ashfield		1850	
1815	*Knowlton, Seth	Shrewsbury			
1817	**Kollock, Lemuel*	Savannah, Ga.		1823	57
1787	**Kuhn, Adam*	Philadelphia		1817	75
1846	‡Lacerte, Elie				
1839	‡Ladd, Azell P.	Iowa			
1816	†Lamb, Dan	Charlton	1820		
1804	*Lamb, William	Grafton			
1847	Lamb, Wm. Dan	Lawrence			
1848	Lambert, Alfred	Springfield			
1837	Lamson, Josiah	Essex			
1844	*Lane, Alfred A.	Boston		1847	39
1832	*Lane, George W.	„		1833	27
1837	Lane, Jonas H.	„			
1840	Lane, J. F. W.	„			
1838	Larkin, Lyman B.	Wrentham			
1816	*Lathrop, Seth	West Springfield			
1846	Lawrence, William R.	Boston			
1835	*Leach, Ezekiel W.	„		1842	30
1834	Leach, J. T. Gilman	Lowell			
1839	Learned, E. T.	Fall River			
1837	Leavitt, Dudley	West Stockbridge			
1811	‡Le Baron, Lemuel	New York			
1843	Lee, Henry S.	Boston			
1840	‡Lee, John Stevens				
1836	*Lee, Thomas G.	Charlestown		1837	28
1850	Leigh, Edwin	Somerville			
1844	Leland, Francis	Milford			
1819	Leonard, George	Taunton			
1803	*Leonard, Jonathan	Sandwich	1833	1849	86
1831	Leonard, Jon. jun.	„			
1850	Leonard, Marcus B.	East Boston			
1790	*Le Prilette, Lewis	Roxbury		1805	54
1844	‡Le Prohon, Edward P.	Montreal			
	Lester, William	Hadley			
1830	**Le Tessiere*	Quebec			
1792	**Lettsom, John C.*	London	1815		
1803	*Lewis, Eldad	Lenox	1810		
1827	‡Lewis, Winslow, jun.	Europe			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1842	†Lincoln, Asa	Brimfield			
1841	Lincoln, Henry	Lancaster			
1809	*Lincoln, Levi	Hingham	1827	1829	51
1781	*Linn, John	Boston		1793	
1830	*Lisfranc, J. (Baron)*	Paris			
1846	Little, John	Lowell			
1803	*Little, Moses	Salem		1811	35
1781	*Lloyd, James	Boston		1810	82
1823	*Lobstein, J. F. Daniel*	Strasburg			
1834	Lodge, Giles H.	Boston			
1844	Lockerby, Charles A.	East Bridgewater			
1824	Longley, Rufus	Haverhill			
1848	Lord, Samuel A.	South Danvers			
1844	Loring, George B.	Chelsea			
1840	Lothrop, John L.	Provincetown			
1835	‡Loud, Watson	La Peer, Mich.			
1833	*Louis P. Ch. A.*	Paris			
1838	Lovell, Ephraim	West Boylston			
1817	*Lovell, Joseph	Washington, D. C.		1836	48
1806	*Lowe, Abraham	Ashburnham	1823	1834	79
1831	Lucas, Ivory H.	Edgartown			
1831	*Lummus, John	Lynn		1836	46
1836	*Luzemburgh, Henry*	New Orleans			
1846	Lyman, George H.	Boston			
1840	‡Lyman, Jonathan H.	South America			
1838	Lyon, Henry	Charlestown			
1817	‡Lyon, Joel				
1840	Mack, William	Salem			
1824	Mackie, Andrew	New Bedford			
1850	Mackie, John H.	Nantucket			
1822	Mackie, Peter	Wareham			
1810	*Macomber, Charles	Marshfield		1835	55
1849	Malcolm, Alex. B.	Boston			
1833	‡Mallary, Zalmar	Ohio			
1840	Mann, Benjamin	Foxborough			
1843	Mann, Cyrus S.	Lowell			
1840	‡Mann, Daniel				
1803	*Mann, James	New York			
1836	*Manning, John H.	Ipswich		1837	24
1804	*Manning, Joseph	Gloucester		1811	
1810	*Manning, Samuel	Cambridge		1822	42
1845	‡Manning, Peter	New Hampshire			
1805	†Manning, Thomas	Ipswich	1836		
1832	†Mansfield, George	Waltham			
1841	Mansfield, Joseph D.	South Reading			
1837	‡Mansur, Moody	Texas			
1839	Marsh, Austin	Carlisle			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1840	Marston, Ephraim	Boston			
1831	Marshall, Jonas A.	Fitchburg			
1825	†Marshall, Silas	Templeton	1832		
1819	*Martin, Calvin	Seekonk		1843	
1846	Martin, Henry Austin	Roxbury			
1838	Martin, Henry J.	Boston			
1848	Martin, Joseph Lloyd	,,			
1844	Mason, Augustus	Billerica			
1796	*Mason, Benjamin	New York		1801	
1822	Mason, William B.	Dartmouth			
1824	*Mather, Elisha	Northampton		1840	48
1783	*Mather, Samuel	Westfield	1802	1808	71
1809	*Mather, Wareham	Northampton		1813	40
1850	Mathes, Gustavus F.	Boston			
1848	Mattson, Morris	,,			
1834	*Maunoir, J. P.*	Geneva, Switz.			
1849	Maynard, John P.	Newton			
1830	Mayhew, Julius S.	New Bedford			
1791	*Mayhew, Matthew	Chilmark		1806	84
1837	M'Allister, Charles	Lee			
1785	*M'Carty, Thaddeus	Worcester		1802	55
1838	*M'Clellan, George*	Philadelphia			
1845	‡M'Crillis, John	Boston			
1819	*M'Farland, James	Rutland		1823	41
1844	M'Cullum, H. E.	Barnstable			
1847	M'Gowan, Dennis	Boston			
1847	M'Gowan, John J.	,,			
1830	*M'Kean, Joseph W.	,,		1839	38
1787	*M'Knight, Charles*	New York		1790	40
1844	M'Lellan, F. M.	Boston			
1840	Meekins, Thomas	Williamsburg			
1832	Merriam, Royal A.	Topsfield			
1846	Merrill, Jesse	East Boston			
1845	Merrill, Levi	Boston			
1845	Merritt, Samuel	Plymouth			
1831	Metcalf, John G.	Mendon			
1815	†Metcalf, Paul R.	Wrentham		1830	
1842	Mifflin, Charles	Boston			
1832	†Mighill, David	Georgetown	1846		
1842	Mignault, Louis M. F.	Boston			
1846	Mignault, Pierre B.	Worcester			
1804	*Miles, Asa	Westminster		1807	
1813	*Miller, Caleb	Bristol, R.I.		1826	40
1811	*Miller, Edward*	New York		1812	51
1838	Miller, Erastus D.	Dorchester			
1840	Miller, Jedediah	Middleborough			
1848	*Miller, Lewis L.*	Providence, R.I.			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1804	*Miller, Nathaniel	Franklin		1850	80
1845	Millet, Asa	Rochester			
1837	*_Miner, Thomas_	Middletown, Con.		1840	
1845	Minot, Francis	Boston			
1846	Mitchell, Elbridge K.	West Newton			
1850	‡Mitchell, Joseph D.	St. Stephens, N.B.			
1844	Mitchell, Jacob	Wellfleet			
1847	Molloy, Patrick E.	Boston			
1845	Moody, George	Georgetown			
1848	Moore, Edward B.	Boston			
1819	‡Moore, Francis	Eaton, N.Y.			
1847	Moore, M. Aurelius	Boston			
1787	*_Morgan, John_	Philadelphia		1789	53
1842	Morgan, Leonard	Leyden			
1831	Moriarty, John M.	Boston			
1835	*Moriarty, Joseph	„		1847	36
1842	Morland, William W.	„			
1830	Morrill, Samuel	„			
1843	Morse, Horatio G.	Roxbury			
1834	Morse, Julius H.	Charlestown			
1846	Morse, Luther B.	Lowell			
1836	_Mott, Valentine_	New York			
1839	Mowe, Daniel	Lowell			
1812	*Mulliken, Isaac	Townsend	1821	1837	85
1834	Munroe, A. Le Baron	Granby			
1804	Munroe, Stephen	Sutton		1831	
1830	_Mussey, Reuben D._	Cincinnati, O.			
1831	Myrick, Lawson	West Brookfield			
1830	_Nelson, J._	Montreal			
1826	Nelson, John	Woburn			
1813	†Newell, Jonathan	Stow			
1845	Newell, Robert W.	Boston			
1838	Newhall, Asa T.	Lynn			
1840	Newton, Calvin	Worcester			
1832	‡Nichols, Adams	Illinois			
1811	†Nichols, Andrew	Danvers	1846		
1847	‡Nichols, C. H.				
1827	*Nichols, Ezra	Newton		1848	58
1841	Nichols, Joseph D.	Swansey			
1820	Nichols, Paul L.	Kingston			
1849	Nichols, Paul L. jun.	Roxbury			
1820	‡Niles, Nathaniel	Paris, France			
1825	‡Nims, Reuben	Vermont			
1846	Norcross, Josiah	Fitchburg			
1841	Noyes, Bradley	New Salem			
1833	Noyes, Francis V.	Newburyport			
1832	Noyes, Josiah	Needham			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1842	Nye, James M.	Lynn			
1803	*Nye, Samuel	Salisbury	1819	1834	85
1833	Odin, John, jun.	Boston			
1848	O'Donnell, C. B.	,,			
1800	*Oliver, Benjamin L.	Salem		1835	75
1818	*_Oliver, Daniel_	Cambridge		1842	54
1843	Oliver, Fitz Edward	Boston			
1840	‡Oliver, Nathan W.	Portsmouth, N.H.			
1848	*O'Neil, Eugene	Boston			
1837	Orcutt, Hervey	Westhampton			
1781	*Orne, Joseph	Salem		1786	37
1803	†Orr, Hector	East Bridgewater	1840		
1841	Orr, Samuel A.	,, ,,			
1833	Osborn, George	Danvers			
1790	*_Osborn, John_	Middletown, Con.		1825	84
1821	†Osgood, Benjamin	Westford	1845		
1836	_Osgood, Daniel_	Havana, Cuba			
1821	Osgood, David	Boston			
1803	*Osgood, George	Andover	1820	1823	65
1808	†Osgood, George	Danvers			
1804	*Osgood, Jonathan	Gardner		1822	60
1785	*Osgood, Joseph	Andover		1797	78
1803	*Osgood, Joseph	Salem		1815	
1830	Osgood, Joseph	Danvers			
1813	‡Osgood, Joseph O.				
1842	Osgood, J. W. D.	Templeton			
1803	*Otis, Cushing	Scituate	1832	1837	69
1826	Otis, George W.	Chelsea			
1840	Paine, Stephen A.	Provincetown			
1790	*_Paine, William_	Salem		1833	83
1845	Palmer, Edward, D. G.	Boston			
1832	Palmer, Ezra, jun.	,,			
1838	‡Palmer, Isaac				
1829	Palmer, Joseph	Boston			
1847	Parcher, Sewell F.	East Boston			
1813	Parker, Amos	Bolton			
1825	*Parker, Augustus T.	Shirley		1843	47
1810	*Parker, Benjamin	Bradford		1845	85
1839	*Parker, Benjamin F.	Roxbury		1844	33
1848	Parker, Charles E.	Pepperell			
1837	†Parker, Daniel	Billerica			
1839	Parker, David	Gardner			
1840	Parker, David M.	Boston			
1831	*Parker, Ebenezer, jun.	,,		1833	27
1831	*Parker, Frederic A.	Salem		1847	37
1826	Parker, Henry	Grafton			
1838	Parker, Hiram	Lowell			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1841	Parker, James O.	Shirley			
1809	†Parker, Thomas I.	Boston			
1835	‡Parker, Willard	New York			
1841	Parker, William T.	South Boston			
1836	‡Parkhurst, Chester				
1836	‡Parkhurst, Gurdon R.				
1818	Parkhurst, William	Petersham			
1817	*Parkman, George	Boston		1849	
1839	Parkman, Samuel	,,			
1844	‡Parks, George B.	U. S. Army			
1848	Parks, Luther	Boston			
1824	‡Parsons, Thomas W.	Europe			
1837	*Parsons, Usher*	Providence, R.I.			
1833	‡Partridge, O. H.	Philadelphia			
1785	*Partridge, Oliver	Stockbridge	1803	1848	97
1835	Partridge, Warren	Princeton			
1850	Patch, Franklin F.	Boston			
1814	‡Payson, William	Maine			
1811	†Peabody, Nathaniel	Boston	1834		
1803	*Pearson, Abiel	Andover		1827	71
1831	Peck, Addison S.	Hatfield			
1830	‡Peck, Gardner M.	New York			
1820	Peck, Gustavus D.	Northampton			
1837	Peck, William D.	Sterling			
1781	*Pecker, James	Boston		1794	70
1813	*Peet, Edmund C.	New Marlborough		1828	44
	*Peirce, Augustus	Tyngsborough		1849	47
1821	Peirson, Abel L.	Salem			
1844	Peirson, Edward B.	,,			
1839	Perham, Otis	Lowell			
1830	*Perkins, Cyrus*	New York		1849	
1830	Perkins, Henry C.	Newburyport			
1839	Perkins, John	Middleborough			
1832	Perley, Daniel	Lynn			
1816	*Perry, Alfred	Stockbridge		1838	58
1816	‡Perry, Freeman	Fairhaven, Ind.			
1823	†Perry, Nathan	Cambridgeport	1830		
1832	Perry, Marshall S.	Boston			
1803	*Perry, Samuel	New Bedford		1820	57
1835	Perry, William F.	Mansfield			
1818	Phelps, Abner	Boston			
1844	Phelps, Charles A.	,,			
1837	Phelps, Eben S.	Middleton			
1800	*Phelps, Martin	Chester			
1822	*Phelps, Moses	Hubbardston	1809	1838	86
1841	Phelps, Thaddeus	Attleborough			
1850	Philbrick, Samuel R.	Boston			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1804	*Phillips, Ebenezer H.	Charlton	1818	1837	82
1837	Phillips, Henry P.	North Adams			
1821	*Phillips, Liscom	Adams		1821	44
1841	‡Phinney, Erastus O.				
1829	‡Phinney, Sturgis	New York			
1845	Phipps, James M.	Boston			
1822	*Phipps, Thomas	Quincy		1832	46
1836	*_Physick, Philip Syng_	Philadelphia		1837	70
1845	Pickett, Noble B.	Great Barrington			
1803	*Pickman, Thomas	Salem		1817	44
1836	_Picton, J. M. W._	New Orleans			
1837	Pierce, Charles H.	Roxbury			
1839	Pierce, Delano	Grafton			
1837	†Pierce, Enoch	Pittsfield			
1840	Pierce, John	Edgartown			
1822	†Pierce, Nathaniel	Lunenburgh	1839		
1830	*_Pierrepont, James_	Portsmouth, N.H.		1839	71
1821	*Pierson, Silas	Westminster		1824	
1839	Pillsbury, Harlin	Lowell			
1834	Pillsbury, John D.	„			
1840	Pillsbury, Levi	Fitchburg			
1850	Pineo, Peter	Barnstable			
1844	Piper, Richard U.	South Woburn			
1848	Pitt, William	Boston			
1827	Plympton, Augustus	Woburn			
1847	‡Plympton, Daniel B.	Connecticut			
1821	*Plympton, Sylvanus	Woburn	1836	1837	79
1826	Plympton, Sylvanus	Cambridge			
1844	Poland, Joseph	South Reading			
1818	Pond, Benjamin	Westborough			
1821	*Pond, John	Mendon		1824	
1837	Poole, Alexander	Dennis			
1838	*_Portal, Placido_	Palermo, Sicily			
1821	*Porter, Alanson	Williamstown		1826	47
1817	*Porter, Daniel	Wendell	1823		
1842	Porter, Isaac	Charlton			
1835	Porter, John	Duxbury			
1834	Porter, Joshua	North Brookfield			
1832	‡Porter, Moses, jun.	Illinois			
1806	*Porter, William	Hadley	1815	1847	84
1836	*_Potter, Nathaniel_	Baltimore		1843	
1846	Potter, Merritt F.	Charlemont			
1844	Pratt, Calvin B.	Bridgewater			
1839	Pratt, Jefferson	Hopkinton			
1810	*Prentiss, Samuel	Bernardstown		1818	59
1813	†Prentiss, Nathaniel S.	Roxbury			
1835	‡Prescott, Jonathan C.	New Hampshire			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1837	‡Prescott, Joseph				
1781	*Prescott, Oliver	Groton		1804	73
1800	*Prescott, Oliver	Newburyport		1827	65
1833	Prescott, William	Concord, N.H.			
1810	†Preston, Amariah	Bedford	1826		
1833	*Preston, Harvey N.	Plymouth		1837	31
1816	*Preston, Nathaniel	Sheffield		1826	42
1841	Prince, William H.	Salem			
1833	‡Proctor, Alpheus	Bangor, Me.			
1812	*Proctor, Charles	Westford		1817	60
1846	Proctor, Charles A.	Lunenburg			
1828	‡Proctor, Leonard	Michigan City, In.			
1830	Putnam, Charles G.	Boston			
1849	Putnam, Charles Israel	Somerville			
1787	*Pynchon, Charles	Springfield		1783	
1781	*Rand, Isaac	Cambridge		1790	72
1781	*Rand, Isaac, Pres.	Boston	1814	1822	80
1800	*Rand, Isaac, jun.	„		1819	50
1847	Randall, Benjamin P.	„			
1809	*Randall, John	„		1843	67
1832	Randall, Menzies R.	Rehoboth			
1816	*Read, Alexander	New Bedford		1849	63
1843	Read, William	Boston			
1847	Reedy, Maurice O. K.	„			
1843	Rees, Robert C.	„			
1849	Renton, John	Lynn			
1843	Renton, Peter	Boston			
1814	*Revere, John	New York		1847	60
1823	Reynolds, Edward	Boston			
1835	Reynolds, Joseph	Gloucester			
1848	Rickard, Truman	Woburn			
1841	Rice, Jesse W.	Wilbraham			
1804	*Rice, Tilley	Brookfield	1821	1824	66
1840	Richards, Jacob, jun.	Braintree			
1839	Richardson, Aaron P.	Boston			
1804	*Richardson, Abijah	Medway		1822	70
1845	Richardson, Eben C.	Ware			
1839	Richardson, Samuel	Watertown			
1837	‡Richardson, Wm. P.				
1822	*Richmond, Thomas	Westford		1841	
1840	Rising, H. H.	Westborough			
1832	Robbins, Augustus	Holden			
1823	*Robbins, Chandler	Boston		1836	
1836	Robbins, James W.	Uxbridge			
1809	*Robbins, Peter G.	Roxbury		1849	
1830	*_Robertson, William_	Montreal		1844	
1815	Robinson, Dean	West Newbury			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1838	Robinson, Erastus	Northbridge			
1829	*Robinson, Horatio	Salem		1849	45
1846	Robinson, Morrill	Middleborough			
1832	‡Roby, Joseph	Baltimore			
1816	‡Rogers, Benjamin	Connecticut			
1848	Rogers, Moses	Falmouth			
1832	*Rogers, Samuel	Roxbury		1849	41
1848	Rogers, S. J. S.	Springfield			
1834	Root, Martin	Byfield			
1843	‡Rosenstein, John G.				
1836	Ruggles, Nathaniel	Nantucket			
1787	*_Rush, Benjamin_	Philadelphia		1813	67
1825	Russell, George	Waltham			
1844	†Russell, Henry	Sandwich	1848		
1844	Russell, Le Baron	Boston			
1837	Sabin, Henry L.	Williamstown			
1837	Sabin, Millen	Lenox			
1840	Safford, Charles G.	Rutland			
1837	Salisbury, Steph. jun.	Medway			
1836	Salter, Richard H.	Boston			
1785	*Saltonstall, Nathaniel	Haverhill	1813	1815	69
1843	Sampson, Ira	Dighton			
1817	*Sampson, Joseph	Brewster		1844	60
1846	Sanborn, Joseph C.	Reading			
1849	Sanborn, Eben K.	Lowell			
1819	‡Sargeant, James	U. S. Army			
1827	*Sargent, Erastus	Lee		1832	60
1850	Sargent, Howard	Boston			
1840	Sargent, Joseph	Worcester			
1839	†Saunders, William S.	Sturbridge	1841		
1786	*Savage, Samuel	Barnstable	1820	1831	83
1841	Savery, Phineas	Attleborough			
1781	*Sawyer, Micajah	Newburyport		1815	78
1836	Sawyer, Samuel	Fairhaven			
1844	*Saxton, Thomas F.	Woburn	1848	1849	61
1811	*Scammell, John	Bellingham	1822	1845	83
1842	Scammell, Lucius M.	Hopkinton			
1835	‡Schuster, Bertram C.	Ohio			
1839	Scribner, Isaac W.	Lowell			
1824	Seabury, Benjamin	Charlestown			
1833	Seabury, Benjamin F.	Orleans			
1829	†Seabury, John	Sturbridge	1841		
1820	‡Sears, Thomas	Vermont			
1833	‡Seaton, Ambrose	Illinois			
1800	*Seeger, Charles L.	Northampton	1814	1848	86
1792	*_Senter, Isaac_	Newport, R.I.		1799	45
1785	*Sergent, Erastus	Stockbridge	1814	1814	72

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1824	*Severance, Robert B.	Shelburne		1830	43
1849	Sewall, John G.	Boston			
1836	*_Sewall, Thomas_	Washington, D.C.		1845	58
1841	‡Seymour, George	Springfield			
1847	Shackford, Rufus	Lowell			
1850	Shapleigh, Elisha B.				
1849	Sharkey, James M.	Boston			
1811	SHATTUCK, G. C. Pres.	,,			
1836	Shattuck, Geo. C. jun.	,,			
1841	*Shaw, Aaron	Wales		1844	
1827	Shaw, Samuel	Plainfield			
1849	Shaw, Samuel	Wareham			
1842	Shaw, Washington	Williamsburgh			
1811	*Shearer, Jonathan	Palmer	1825	1825	58
1841	Shearer, Marcus M.	,,			
1825	†Shed, Joseph	Danvers			
1835	‡Sheldon, Benjamin	Cleveland, Ohio			
1803	*Sheldon, Remember	Williamstown		1809	50
1811	*Sheldon, William	Springfield		1817	54
1787	*_Shippen, William_	Philadelphia		1808	74
1845	Shiverick, Clement F.	Edgartown			
1846	Shove, George	Yarmouth Port			
1803	*Shurtleff, Benjamin	Boston		1847	
1834	Shurtleff, Nathl. B.	,,			
1822	Shurtleff, Samuel A.	Brookline			
1803	*Shute, Daniel	Hingham	1825	1829	74
1836	_Silliman, Benjamin_	New Haven, Con.			
1836	_Simons, Benjamin B._	Charleston, S.C.			
1831	Simpson, Paul, jun.	Boston			
1839	Sisson, Benjamin B.	Westport			
1839	†Skilton, Benjamin	Lowell	1843		
1848	Slade, D. D.	Boston			
1841	Small, Jonathan	,,			
1845	Smilie, Elton R.	South Reading			
1836	‡Smith, Albert T.	New York			
1842	Smith, Alvan	Monson			
1840	†Smith, Alvah C.	Cambridge			
1837	*Smith, Chandler	Worcester		1843	40
1838	‡Smith, David S. C. H.	Providence, R.I.			
1847	Smith, D. D.	Boston			
1812	†Smith, Enos	Ashfield	1825		
1830	Smith, Isaac P.	Gloucester			
1841	Smith, James M.	Springfield			
1824	Smith, Jerome V. C.	Boston			
1841	†Smith, John	Wales			
1822	*Smith, John M.	Southborough		1847	
1841	Smith, Jonas M.	Northampton			

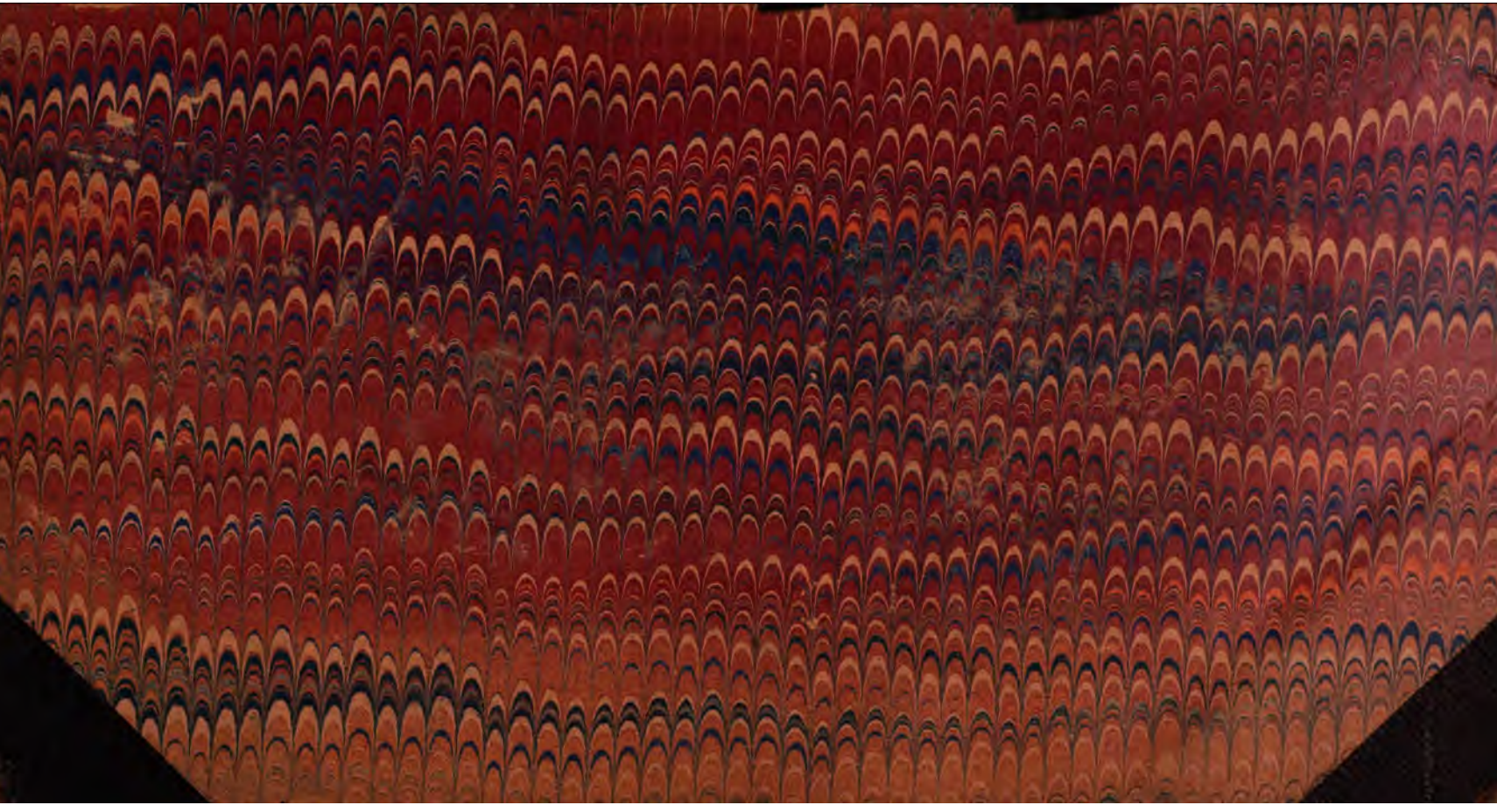
Admitted.	Name.	Residence.	Retired.	Died.	Age.
1825	‡Smith, Lyndon A.	Newark, N.J.			
1809	*Smith, Nathan	New Haven, Con.		1829	67
1836	Smith, Nathan R.	Baltimore			
1836	‡Smith, Nathaniel				
1817	*Smith, Nathaniel, jun.	Ipswich		1820	
1826	†Smith, Samuel	Williamstown			
1833	Snow, Asa B.	Boston			
1824	*Snow, Caleb H.	,,		1835	39
1846	Snow, George	Middleborough			
1804	*Snow, Peter	Fitchburg	1824		
1839	Southard, Alba	South Boston			
1839	Southworth, Newton	Rochester			
1843	Sparhawk, Thomas	Amesbury			
1796	*Spaulding, John	New Haven, Con.		1813	71
1846	Spaulding, Joel	Lowell			
1844	Spaulding, Miles	Dunstable			
1830	Spaulding, Matthias	Amherst, N.H.			
1837	‡Spaulding, Reuben	Brattleborough			
1825	Spaulding, Stephen H.	Reading			
1820	Spaulding, Stillman	Lexington			
1819	*Spaulding, Thaddeus	South Reading		1844	52
1836	‡Spear, Martin	New York			
1841	Spence, John, jun.	Boston			
1840	Spofford, Charles W.	,,			
1804	*Spofford, Amos	Rowley		1805	52
1817	†Spofford, Jeremiah	Bradford	1847		
1810	*Spofford, Moses D.	Rowley	1830	1832	59
1820	Spofford, Richard S.	Newburyport			
1824	Spooner, John P.	Dorchester			
1804	*Spooner, Mason	Templeton	1816		
1821	Spooner, Paul	New Bedford			
1791	*Spooner, William	Boston	1828	1836	76
1781	*Sprague, John	Newburyport		1784	74
1783	*Sprague, John	Dedham		1797	84
1811	*Sprague, Lawrence	Hallowell, Me.			
1784	*Spring, Marshall	Watertown		1818	76
1840	Stacey, Philemon	Hatfield			
1846	Stacy, Horace	Boston			
1836	Stanley, James	London			
1844	Stanley, S. A.	Bellingham			
1803	*Starkweather, Ezra	Worthington	1813	1834	80
1808	*Starr, Ebenezer	Newton		1830	
1836	Stearns, George	Groton			
1816	*Stearns, Luther	Medford		1820	50
1830	*Stebbins, John B.	Boston		1844	42
1832	Stedman, Charles H.	South Boston			
1836	Stetson, James A.	Quincy			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1830	*Stevens, *Alexander H.*	New York		1849	
1845	Stevens, Calvin	Boston			
1841	Stevens, Ebenezer	South Boston			
1836	Stevens, John	Boston			
1837	Stevens, John A.	South Boston			
1844	Stevens, Justin E.	Boston			
1832	Stevens, William F.	Stoneham			
1835	Stevenson, Ezra	Hingham			
1829	*Stevenson, J. Greely	Boston		1835	36
1844	‡Stewart, Thomas H.				
1842	Stickney, Aug. G.	Townsend			
1819	*Stickney, Caleb H.	Norwich		1842	55
1847	Stickney, P. L. B.	West Springfield			
1843	‡Stillwell, C. S.	New York			
1847	‡Stimson, Edward	„ „			
1810	*Stimson, Jeremy	Hopkinton	1817	1818	68
1818	Stimson, Jeremy	Dedham			
1781	*Stockbridge, Charles	Scituate		1806	69
1814	†Stone, Alpheus F.	Greenfield	1846		
1815	*Stone, Daniel	Sharon			
1827	Stone, Ebenezer	Walpole			
1810	*Stone, Ephraim	Harvard			
1840	Stone, H. Osgood	Boston			
1841	‡Stone, Henry O.	Concord, N.H.			
1838	‡Stone, James, jun.				
1847	Stone, James W.	Boston			
1831	Stone, Jeremiah	Provincetown			
1833	*Stone, John	Springfield		1838	70
1838	‡Stone, John O.	New York			
1824	‡Stone, Jonathan	Rock River, Ill.			
1832	*Stone, Joseph	Hardwick			
1811	*Stone, William	Enfield	1823		
1840	Stone, William P.	Ashburnham			
1829	Storer, D. Humphreys	Boston			
1825	Story, Asa	Manchester			
1847	Streeter, Jos. H.	Roxbury			
1831	‡Strong, Maltby	Rochester, N.Y.			
1837	‡Strong, Simeon E.	Maine			
1822	Strong, Woodbridge	Boston			
1829	Studley, Jonathan	Hanover			
1839	Sturtevant, George	Middleborough			
1821	*Sturtevant, Thomas	„	1828	1836	69
1836	‡Sullivan, James	St. Louis, Mo.			
1832	Sumner, Frederic A.	Boston			
1833	Swan, Caleb	Easton			
1812	Swan, Daniel	Medford			
1846	‡Sweat, William W.	Portland, Me.			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1822	‡Sweetser, William	Brooklyn, N.Y.			
1781	*Swett, John Barnard	Newburyport		1796	46
1834	‡Swett, Samuel B.	New York			
1795	*Swift, Foster	Taunton		1835	75
1834	‡Swift, George B.	Nashua, N.H.			
1816	*Swift, Nathaniel	Andover	1839	1840	62
1830	‡Swift, Paul	Philadelphia			
1796	*Symmes, James	London			
1841	Symonds, George W.	Lancaster			
1841	Taft, Augustus C.	Boston			
1835	Talbot, Charles	Dighton			
1810	*Tarbell, Grosvenor	Lincoln		1822	
1846	Tarbell, John A.	Boston			
1822	Taylor, Amos	Warwick			
1848	Taylor, Gustavus	Boston			
1843	Taylor, Israel H.	Pelham			
1849	Taylor, John B.	East Cambridge			
1838	Taylor, Samuel	Petersham			
1845	‡Tenney, James A.	Worcester			
1839	*Tenney, John W.	Webster			
1805	*Tenney, Samuel	Exeter, N.H.		1816	55
1803	*Thacher, James	Plymouth	1824	1843	90
1841	†Thatcher, Charles	Boston	1849		
1819	Thaxter, Ezekiel	Abington			
1809	*Thaxter, Gridley	Abington	1833	1845	89
1803	†Thaxter, Robert	Dorchester	1847		
1803	*Thaxter, Thomas	Hingham		1813	64
1821	*Thayer, Alexander	Boston		1830	46
1845	Thayer, David	,,			
1844	Thayer, William H.	,,			
1830	Thomas, Alexander	Cambridge			
1806	†Thomas, Calvin	Tyngsborough	1834		
1841	Thomas, Chester	New Salem			
1833	Thomas, Francis	Scituate Harbor			
1809	*Thomas, Joshua	Boston		1820	54
1838	Thomas, Thomas K.	Roxbury			
1837	‡Thomas, Philan. H.	Stevenstown, N.Y.			
1806	Thompson, Abrm. R.	Charlestown			
1822	*Thompson, Arad	Middleborough		1843	56
1840	Thompson, Daniel	Northampton			
1842	Thompson, Horatio	Belchertown			
1842	Thompson, James	Northampton			
1839	Thompson, John L. S.	Lancaster			
1832	*Thompson, Thos. H.	Apalachicola, Fl.		1840	
1845	Thomson, George N.	Boston			
1849	Thorndike, Wm. H.	East Boston			
1832	‡Thornton, William				

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1843	Thornton, William	Grafton			
1811	*Thurber, Daniel	Mendon	1831	1836	70
1844	‡Thurston, Horace	Norwich, Con.			
1837	‡Tibbets, Hiram B.	New Orleans, La.			
1837	‡Ticknor, Benajah	U. S. Navy			
1810	*Tilden, Calvin	Hanson		1832	57
1850	Tilton, James A.	Amesbury			
1842	Tirrell, N. Quincy	Sharon			
1820	*Titus, Samuel	Cambridgeport	1828	1834	61
1847	Tobie, Ira W.	Boston			
1840	Toomy, John	Chelsea			
1837	Toothaker, Samuel A.	Wilmington			
1830	Torrey, Augustus	Beverly			
1804	†Torrey, Joseph	„	1829		
1840	Tower, George	Boston			
1834	‡Towle, Nathaniel C.	Washington, D.C.			
1808	*Towner, William	Williamstown		1813	57
1785	*Townsend, David	Boston		1829	74
1820	Townsend, Solomon D.	„			
1844	Townsend, William E.	„			
1850	Trafton, Charles T.	„			
1847	Train, H. D.	Roxbury			
1846	Trask, James H.	Boston			
1801	*Treadwell, John D.	Salem	1828	1833	65
1831	Treadwell, John G.	„			
1834	‡Tremain, Edward T.				
1817	*Trevett, Samuel R.			1822	
1841	Trull, Samuel	Boston			
1834	*Tuck, Henry	Barnstable		1845	37
1843	Tucker, Elisha G.	Boston			
1838	Tucker, Joshua	„			
1838	‡Tucker, Nathaniel S.				
1838	Tucker, Simeon, jun.	Stoughton			
1841	‡Tuckerman, J. F.	Washington, D.C.			
1781	*Tufts, Cotton, Pres.	Weymouth		1815	
1782	*Tufts, Simon	Medford		1786	61
1845	Turner, Alvan Hyde	Tyringham			
1838	*_Twitchell, Amos_	Keene, N.H.		1850	
1817	*Tyler, Platt B.	West Stockbridge		1828	45
1820	†Tyler, William H.	North Adams	1838		
1839	Ufford, Edward G.	South Hadley			
1837	*Underwood, Jonas	Hingham		1849	
1847	Underwood, Joseph	Charlestown			
1845	*Upham, Albert G.	Boston		1847	30
1848	Upham, Jabez B.	„			
1832	*Valentine, Joseph W.	Charlestown		1838	32
1807	*_Vaughan, Benjamin_	Hallowell, Me.		1835	81

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1785	*Vanhorn, John	West Springfield	1802	1805	78
1806	*Vergnies, Francis	Newburyport	1823	1830	83
1845	Vialle, Henry R.	Springfield			
1847	Vincent, Charles H.	Ashfield			
1847	Wadleigh, John B.	Haverhill			
1846	Wakefield, Horace P.	Reading			
1838	Wales, Bradford L.	Randolph			
1822	*Wales, Jonathan	,,		1843	65
1841	Wales, Thomas B.	Roxbury			
1831	*Walker, Charles	Framingham		1839	32
1835	Walker, Charles	Northampton			
1845	*Walker, John B.	Boston		1848	28
1847	Walker, Joseph B.	East Stoughton			
1818	Walker, William J.	Boston			
1803	†Walton, John	Pepperell	1842		
1832	Ward, Henry A.	Boston			
1827	‡Ward, Malthus A.	Illinois			
1815	Wardwell, Daniel	Andover			
1839	*Wardwell, Stephen H.	Hardwick		1845	59
1837	Ware, Charles E.	Boston			
1803	*Ware, George	Dighton			
1820	WARE, JOHN, Pres.	Boston			
1829	Ware, Jonathan	Milton			
1832	Warren, Edward	Newton			
1850	Warren, E. Lewis	West Needham			
1846	Warren, G. A.	Wilkinsonville			
1812	*Warren, Isaac	Charlestown		1819	33
1803	WARREN, J. C. Pres.	Boston			
1836	Warren, J. Mason	,,			
1781	*WARREN, JOHN, Pres.	,,		1815	62
1836	Warren, John W. jun.	,,			
1820	Warren, Joseph	Middlefield			
1846	Warren, Royal S.	Waltham			
1833	Warren, Winslow	Plymouth			
1840	‡Washburn, Lem. W.	Tahiti			
1835	Washburn, Nahum	Bridgewater			
1822	*Washburn, Seth	Greenfield		1825	34
1847	*Wason, Horace	Manchester		1847	30
1785	*Waterhouse, Benj.	Cambridge	1802	1847	92
1831	Watson, Abraham A.	Boston			
1849	Webber, A. Carter	Cambridge			
1821	Webster, John W.	,,			
1849	Webster, J. W.	South Dennis			
1837	Weld, C. Minot	Roxbury			
1811	‡Weld, Elias	Hallowell, Me.			
1843	Weld, Moses W.	Boston			
1846	Wellington, J. Lloyd	Swansey			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1812	Wellington, Timothy	West Cambridge			
1839	Wellington, W. W.	Cambridgeport			
1839	Wells, David	Lowell			
1846	Wells, Eleazer P.	Boston			
1785	*Wells, Henry	Montague		1814	72
1826	*Wells, John D.	Boston		1830	31
1824	‡Wells, Phineas P.	Brooklyn, N.Y.			
1804	*Wells, Richard				
1839	‡Wells, Thomas T.	Troy, N.Y.			
1838	Wells, William R.	Middleborough			
1825	Welsh, Asa G.	Lee			
1781	*Welsh, Thomas	Boston	1825	1831	80
1838	‡West, Benjamin H.	N.Providence, R.I.			
1849	West, Joseph O.	Lowell			
1837	‡West, Samuel	Tiverton, R.I.			
1850	Weston, Hervey E.	Boston			
1843	‡Weymouth, A. L.				
1837	Wheatland, Henry	Salem			
1835	*Wheeler, Abner B.	Boston		1847	36
1841	Wheeler, Edward M.	Paxton			
1839	‡Wheeler, Elbridge G.				
1837	‡Wheeler, Lewis				
1848	Wheeler, William G.	Chelsea			
1838	‡Wheelock, Albert T.	Hallowell, Me.			
1812	*Wheelock, Silas	Shrewsbury		1817	48
1838	‡Wheelright, C. H.	U. S. Navy			
1781	*Whipple, Joseph	Boston		1804	48
1847	Whipple, Shilometh S.	,,			
1817	*Whitcomb, Thomas	Lexington	1828		
1841	White, Albert	Shutesbury			
1846	White, Henry O.	Salem			
1834	White, John	Westminster			
1845	White, Robert	Boston			
1837	†White, Vassall	Stockbridge			
1833	Whiting, Augustus	Charlestown			
1781	*Whiting, William	Great Barrington		1792	63
1815	†Whitman, Noah	W. Bridgewater			
1846	Whitmore, George H.	Roxbury			
1849	Whitmore, Joseph	Lowell			
1803	*Whitney, Elisha	Beverly		1807	59
1838	Whitney, Samuel S.	Dedham			
1827	Whitney, Simon	Framingham			
1835	Whitney, Warren J.	Boston			
1826	Whittemore, James M.	Brighton			
1839	‡Whittemore, Lloyd				
1836	*Whittredge, Joshua B.*	Charleston, S.C.			
1822	Whitridge, Wm. C.	New Bedford			

Admitted.	Name.	Residence.	Retired.	Died.	Age.
1834	*Wigglesworth, Samuel	Boston		1847	35
1834	Wight, Danforth P.	Dedham			
1843	Wilbur, Hervey B.	Lowell			
1845	Wilbur, John R.	Springfield			
1841	Wilbur, Thomas	Fall River			
1826	Wild, Charles	Brookline			
1850	Wild, Edward A.	,,			
1814	†Wild, Jonathan	Braintree			
1838	Wilde, James	Duxbury			
1826	Wilder, Abel	Mendon			
1837	‡Wilder, Abel H.				
1821	Wilder, Charles W.	Leominster			
1839	Wildes, Asahel H.	Ipswich			
1837	*Wiley, Henry G.	Boston		1844	28
1825	*Wilkins, George	Holliston		1826	32
1801	*_Willard, Elias_	Albany		1827	72
1843	Willard, Francis A.	Boston			
1821	*Willard, George	Uxbridge		1846	58
1832	Willard, Henry	Fall River			
1785	*Willard, Samuel	Uxbridge		1811	63
1832	*Williams, Albert	Boston		1844	28
1842	‡Williams, Avery				
1831	‡Williams, Jacob	Deerfield, N.H.			
1849	Williams, Jacob L.	Boston			
1812	†Williams, John	Cambridgeport	1827		
1849	Williams, Henry W.	Boston			
1822	†Williams, Leonard	Chester	1827		
1817	Williams, Stephen W.	Deerfield			
1783	*Williams, Thomas	Roxbury		1815	79
1848	Williams, William	Salem			
1800	Williams, William S.	Deerfield	1818	1829	67
1848	Wilson, Timothy	Orleans			
1833	Windship, Charles M.	Roxbury			
1803	†Windship, Charles W.	,,			
1831	Wing, Benjamin F.	,,			
1837	*Wing, Bennet	West Barnstable		1842	36
1816	*Wing, Eli S.	Leyden		1823	65
1842	‡Winslow, Charles F.	California	1850		
1796	*_Wistar, Caspar_	Philadelphia		1818	56
1847	Womersly, Henry	Lowell			
1845	Womersly, Thomas	,,			
1834	Wood, Alfred	Dighton			
1838	Wood, Ezekiel	Douglas			
1831	*Wood, James	Georgia		1846	
1839	Wood, Theophilus	East Randolph			
1810	*Woodbridge, Sylvester	Southampton	1822	1824	70
1844	*Woodside, Anthony	Roxbury